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File 350:Derwent WPIX 1963-2004/UD,UM &UP=200411
File 347:JAPIO Oct 1976-2003/Oct(Updated 040202)
File 371:French Patents 1961-2002/BOPI 200209
S1          4    AU='CHRIST TILO'
S2         29    AU='CHRIST T'
S3        164    AU='SCHMIDT V'
S4          7    AU='SCHMIDT VOLKER DR'
S5          5    AU='SCHULL H':AU='SCHULL H M'
S6         29    AU='STRIEBEL W':AU='STRIEBEL WERNER'
S7          4    S1:S2 AND S3:S4 AND S5 AND S6
S8      12876    (AFTER OR POST)(5W)DISCHARG??? OR POSTDISCHARG???
S9          0    (S1:S6 AND S8) NOT S7
S10      3916    POST()OPERATIVE OR POSTOPERATIVE
S11         0    (S1:S6 AND S10) NOT S7
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7/7/1   (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2004 Thomson Derwent. All rts. reserv.
015198671   **Image available**
WPI Acc No: 2003-259205/200326
  **Arranging tele-medical health service involves checking whether request
  from user to service can be associated with substantially corresponding
  offering provided by provider**
Patent Assignee: SIEMENS AG (SIEI); CHRIST T (CHRI-I); PRIHODA H (PRIH-I)
  ; SCHMIDT V (SCHM-I); SCHNEIDER S (SCHN-I); SCHULL H (SCHU-I); STRIEBEL W
  (STRI-I); ZAHLMANN G (ZAHL-I)
Inventor: **CHRIST T** ; PRIHODA H; **SCHMIDT V** ; SCHNEIDER S; SCHUELL H;
  STRIEBEL W ; ZAHLMANN G; **SCHULL H**
Number of Countries: 031 Number of Patents: 003
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week	
EP 1282062	A2	20030205	EP 200216431	A	20020722	200326	B
US 20030028400	A1	20030206	US 2002197530	A	20020718	200326	
DE 10137430	A1	20030220	DE 1037430	A	20010731	200326	

Priority Applications (No Type Date): DE 1037430 A 20010731
Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
EP 1282062	A2	G	8	G06F-019/00	

    Designated States (Regional): AL AT BE BG CH CY CZ DE DK EE ES FI FR GB
    GR IE IT LI LT LU LV MC MK NL PT RO SE SI SK TR

US 20030028400	A1			G06F-017/60	
DE 10137430	A1			G06F-019/00	

Abstract (Basic): EP 1282062 A2
        NOVELTY - The method involves automatically checking whether a
contract can be made between the provider and client using a data processing
device. A customer request is received via public communications network,
contacting a first database to receive information about service offerings
and checking whether the request to the service can be associated with a
substantially corresponding offering.
        USE - For arranging tele-medical health service between provider and
client.
        ADVANTAGE - Simplifies relatively rapid determination of whether a
contract can be made between the provider and client.
        DESCRIPTION OF DRAWING(S) - The drawing shows a schematic
representation of an inventive system
        public communications network (1)

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                    client computer (2)
                    provider's computer (3)
                    data processing device (4)
                    databases (5-7)
                    pp; 8 DwgNo 1/1
Derwent Class: S05; T01
International Patent Class (Main): G06F-017/60; G06F-019/00
International Patent Class (Additional): G06F-007/00; G06F-017/00
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7/7/2   (Item 2 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2004 Thomson Derwent. All rts. reserv.
015108695   **Image available**
WPI Acc No: 2003-169214/200317
  **Provision of tele-medicine services with a single central data processing
device that is able to control and monitor all the required services provided
by a distributed system**
Patent Assignee: SIEMENS AG (SIEI); CHRIST T (CHRI-I); PRIHODA H (PRIH-I)
  ; SCHMIDT V (SCHM-I); SCHNEIDER S (SCHN-I); SCHUELL H (SCHU-I); STRIEBEL
  W (STRI-I); ZAHLMANN G (ZAHL-I)
Inventor: **CHRIST T** ; PRIHODA H; **SCHMIDT V** ; SCHNEIDER S; **SCHULL H** ;
  STRIEBEL W ; ZAHLMANN G; SCHUELL H
Number of Countries: 029 Number of Patents: 005
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week	
EP 1267297	A2	20021218	EP 200212117	A	20020531	200317	B
CA 2390135	A1	20021213	CA 2390135	A	20020611	200317	
DE 10128522	A1	20030102	DE 1028522	A	20010613	200317	
JP 2003016196	A	20030117	JP 2002169518	A	20020611	200317	
US 20030074221	A1	20030417	US 2002172539	A	20020613	200329	

Priority Applications (No Type Date): DE 1028522 A 20010613
Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
EP 1267297	A2	G	11	G06F-019/00	

    Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT
    LI LT LU LV MC MK NL PT RO SE SI TR

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
CA 2390135	A1	E		G06F-017/60	
DE 10128522	A1			G06F-019/00	
JP 2003016196	A		8	G06F-017/60	
US 20030074221	A1			G06F-017/60	

Abstract (Basic): EP 1267297 A2
        NOVELTY - Method for control and monitoring of the process flow of a
tele-medicine service using a data processing device (6). Based on at least
one criterion, the data processing device furnishes at least one part service
from its health service provision service. The central data processing device
monitors the process to ensure the part service is provided within a given
time and fulfills qualitative requirements.
        USE - Provision of tele-medicine services.
        ADVANTAGE - A single central data processing device is able to
control and monitor all the required services provided by a distributed
system including recording and analyzing data.
        DESCRIPTION OF DRAWING(S) - The figure shows a block diagram of an
inventive data processing arrangement with a central unit connected to four
other units for provision of partial services for tele- medicine health
service provision.
        Central control and monitoring data processing unit (6)

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                pp; 11 DwgNo 1/2
Derwent Class: S05; T01
International Patent Class (Main): G06F-017/60; G06F-019/00
International Patent Class (Additional): A61B-010/00; H04L-012/16
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7/7/3   (Item 3 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2004   Thomson Derwent. All rts. reserv.
015108694   **Image available**
WPI Acc No: 2003-169213/200317
**Suitable medical institution finding method for delivery of a medical
diagnosis has a database configured so that it can carry out a search based
on an input order containing details of the area of expertise required**
Patent Assignee: SIEMENS AG (SIEI); CHRIST T (CHRI-I); PRIHODA H (PRIH-I)
   ; SCHMIDT V (SCHM-I); SCHNEIDER S (SCHN-I); SCHULL H (SCHU-I); STRIEBEL W
   (STRI-I); ZAHLMANN G (ZAHL-I)
Inventor: 1CHRIST T ; PRIHODA H; **SCHMIDT V** ; SCHNEIDER S; **SCHULL H ;**
   STRIEBEL W ; ZAHLMANN G; SCHUELL H
Number of Countries: 029 Number of Patents: 005
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week	
EP 1267296	A2	20021218	EP 200212116	A	20020531	200317	·B
CA 2390147	A1	20021213	CA 2390147	A	20020611	200317	
DE 10128524	A1	20030102	DE 1028524	A	20010613	200317	
US 20020194030	A1	·20021219	US 2001923430	A	20010808	200317	
JP 2003099530	A	20030404	JP 2002170352	A	20020611	200332	

Priority Applications (No Type Date): DE 1028524 A 20010613
Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
EP 1267296	A2	G	12	G06F-019/00	

   Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT
   LI LT LU LV MC MK NL PT RO SE SI TR

CA 2390147	A1	E		G06F-017/60	
DE 10128524	A1			G06F-017/60	
US 20020194030	A1			G06F-017/60	
JP 2003099530	A		8	G06F-017/60	

Abstract (Basic): EP 1267296 A2
        NOVELTY - Method has the following steps: transmission of an order
together with medical records relating to a patient to a database; based on
the order, automatic interrogation of the database to find a suitable medical
institution to which order and medical records can be sent to; and
transmission of the order and records to that institution.
        DETAILED DESCRIPTION - An INDEPENDENT CLAIM is also included for
medical database configured to enable searches to find medical institutions
with the required expertise to fulfill a particular request or order.
        USE - Database system for helping a doctor to find a suitable medical
institute or doctor to which or whom medical records and data can be sent in
order to obtain an expert diagnosis. E.g. a general doctor might send an X-
ray of the lungs of one of his patients to a lung specialist to receive a
second opinion.
        ADVANTAGE - The database system that a doctor can find a suitable
institution to which findings can be sent in order to obtain an expert
opinion.
        DESCRIPTION OF DRAWING(S) - The figure shows a flow diagram of the
inventive method. (Drawing includes non-English language text).
        pp; 12 DwgNo 3/4

Derwent Class: P31; S05; T01
International Patent Class (Main): G06F-017/60; G06F-019/00
International Patent Class (Additional): A61B-005/00; A61B-010/00;
  G06F-017/30; H04L-012/16

7/7/4   (Item 4 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2004 Thomson Derwent. All rts. reserv.
014764706   **Image available**
WPI Acc No: 2002-585410/200263
Method for out-patient monitoring of patients at home etc. for post-operative
complications in which the patient records personal medical data and
transmits them to a central call center and database with an alarm system
Patent Assignee: SIEMENS AG (SIEI); CHRIST T (CHRI-I); SCHMIDT V (SCHM-I)
  ; SCHULL H (SCHU-I); STRIEBEL W (STRI-I)
Inventor: **CHRIST T** ; **SCHMIDT V** ; SCHUELL H; **STRIEBEL W** ; 1SCHULL H
Number of Countries: 027 Number of Patents: 003
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 1226782	A2	20020731	EP 2002804	A	20020114	200263 B
US 20020115913	A1	20020822	US 200253713	A	20020124	200263
DE 10103325	A1	20020829	DE 1003325	A	20010125	200264

Priority Applications (No Type Date): DE 1003325 A 20010125
Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
EP 1226782	A2	G	9	A61B-005/00	

    Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT
    LI LT LU LV MC MK NL PT RO SE SI TR

US 20020115913	A1			A61B-005/00	
DE 10103325	A1			G08B-021/00	

Abstract (Basic): EP 1226782 A2
        NOVELTY - Method in which data is recorded by the patient for his
out-patient monitoring and transmitted to a central database (13) containing
data for post-operative out-patients. Data is collected from a patient using
a generalized form that is filled and then transmitted to a call center by
voice, fax, etc.
        DETAILED DESCRIPTION - An INDEPENDENT CLAIM is made for a device for
out-patient monitoring of patients comprising a central database and an
analysis device for analysis of data received from patients and an alarm
system for generation of an alarm signal when certain analyzed data are
considered critical.
      USE - Monitoring of patients once they have left hospital after surgery
for any complications, such as pneumonia, blood clots, bronchitis, etc.
        ADVANTAGE - Patients can be effectively monitored for post-operative
complications after they have been discharged speedily after an operation.
        DESCRIPTION OF DRAWING(S) - Figure shows a block diagram of an
inventive system.
        patient (1)
        patient location (2)
        central database (13)
        call center (10)
        medical center or hospital. (3)
        pp; 9 DwgNo 1/2
Derwent Class: P31; S05; T01
International Patent Class (Main): A61B-005/00; G08B-021/00
International Patent Class (Additional): G06F-019/00

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File 348:EUROPEAN PATENTS 1978-2004/Feb W02
File 349:PCT FULLTEXT 1979-2002/UB=20040212,UT=20040205
Set      Items    Description
S1          11    AU='CHRIST TILO'
S2          43    AU='SCHMIDT VOLKER':AU='SCHMIDT VOLKER DR ING'
S3           9    AU='SCHULL HANS':AU='SCHULL HANS-DIETER'
S4          16    AU='STRIEBEL WERNER':AU='STRIEBEL WERNER DIPL WIRTSCHAFTSM-
                  ATH'
S5           7    S1 AND S2 AND S3 AND S4
S6          37    S1:S4 NOT S5
S7     1173927    METHOD
S8           9    S6 AND S7
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5/3,AB/1   (Item 1 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.
01593034
Method for computer assisted documenting of a medical result
Rechnergestutze Verfahren zur Dokumentation eines medizinischen Befundes
Methode de documentation assistee par ordinateur d'un resultat medical
PATENT ASSIGNEE:
  SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 Munchen
    , (DE), (Applicant designated States: all)
INVENTOR:
  Christ, Tilo , Espenweg 21, 91058 Erlangen, (DE)
  Prihoda, Heinz, Egerlandstrasse 9, 90562 Heroldsberg, (DE)
  Schmidt, Volker, Dr. , Sieglitzhofer Strasse 28, 91054 Erlangen, (DE)
  Schneider, Siegfried, Dr., Kulmbacher Strasse 33, 91056 Erlangen, (DE)
  Schull, Hans-Dieter , Gerersleite 19, 91085 Weisendorf, (DE)
  Striebel, Werner , Rothenbacherstrasse 19, 90592 Schwarzenbruck, (DE)
  Zahlmann, Gudrun, Dr., Johann-Mois-Ring 15a, 92318 Neumarkt, (DE
PATENT (CC, No, Kind, Date): EP 1320059 A2   030618 (Basic)
APPLICATION (CC, No, Date):   EP 2002026705 021129;
PRIORITY (CC, No, Date): DE 10161112 011212
DESIGNATED STATES: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR;
  IE; IT; LI; LU; MC; NL; PT; SE; SK; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: G06F-019/00
ABSTRACT EP 1320059 A2 (Translated)

    Automatic, computer based, method for filling out of the results of a
  medical examination or investigation when there are no exceptional
  symptoms or factors to record
    Computer supported method for documentation of the results of a medical
  examination has the following steps: display of an electronic form with a
  display device of a computer system (1a); commanding of the computer
  using a single input device (31); and, based on the input command,
  automatic filling out of the electronic form with preset fields that are
  appropriate for results where there were no exceptional factors.
TRANSLATED ABSTRACT WORD COUNT: 93
 NOTE: Figure number on first page: 1
LANGUAGE (Publication,Procedural,Application): German; German; German
FULLTEXT AVAILABILITY:
Available Text Language   Update   Word Count
      CLAIMS A   (German)   200325   491
        SPEC A   (German)   200325   2136
Total word count - document A   2627

Total word count - document B   0
Total word count - documents A + B   2627

5/3,AB/2   (Item 2 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.
01546736
METHOD FOR MONITORING TELEMEDICINE HEALTHCARE SERVICES
VERFAHREN ZUR ÜBERWACHUNG TELEMEDIZINISCHER GESUNDHEITSDIENSTLEISTUNGEN
PROCEDE DE CONTROLE DE SERVICES DE SANTE TELEMEDICAUX
PATENT ASSIGNEE:
   Siemens Aktiengesellschaft, (3937630), Wittelsbacherplatz 2, 80333
      Munchen, (DE), (Applicant designated States: all)
INVENTOR:
   CHRIST, Tilo , Espenweg 21, 91058 Erlangen, (DE)
   PRIHODA, Heinz, Egerlandstr. 9, 90562 Heroldsberg, (DE)
   SCHMIDT, Volker , Welsweg 3, 91054 Erlangen, (DE)
   SCHNEIDER, Siegfried, Kulmbacher Str. 33, 91056 Erlangen, (DE)
   SCHULL, Hans-Dieter , Gerbersleite 19, 91085 Weisendorf, (DE)
   STRIEBEL, Werner , Rothenbacherstr. 19, 90592 Schwarzenbruck, (DE)
   ZAHLMANN, Gudrun, Johann-Mois-Ring 15 a, 92318 Neumarkt, (DE
PATENT (CC, No, Kind, Date): WO 2002101667 021219
APPLICATION (CC, No, Date):   EP 2002747209 020610; WO 2002DE2109 020610
PRIORITY (CC, No, Date): DE 10128521 010613
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI;
   LU; MC; NL; PT; SE; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: G07C-001/00
LANGUAGE (Publication,Procedural,Application): German; German; German

8/6/3   (Item 3 from file: 348)
01481270
   METHOD   **AND   DEVICE   FOR   ACQUIRING,   INDIVIDUALIZING,   TRANSMITTING AND**
      STORING AT LEAST ONE MEASURING DATUM AND INDIVIDUALIZATION DEVICE

8/6/9   (Item 1 from file: 349)
00902338   **Image available**
   METHOD   **AND   DEVICE   FOR   ACQUIRING,   INDIVIDUALIZING,   TRANSMITTING AND**
      STORING AT LEAST ONE MEASURING DATUM AND INDIVIDUALIZATION DEVICE

8/3,AB/1   (Item 1 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.
01563528
Method **and system for remotely monitoring the activity of a medicament**
Verfahren und System zum Fernuberwachen einer Wirkung eines Medikaments
Methode et systeme de surveillance a distance de l'activite d'un medicament
PATENT ASSIGNEE:
   SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 Munchen
   , (DE), (Applicant designated States: all)
INVENTOR:
   Schmidt, Volker , Sieglitzhofer Strasse 28, 91054 Erlangen, (DE
PATENT (CC, No, Kind, Date): EP 1300795 A2 030409 (Basic)
APPLICATION (CC, No, Date):   EP 2002021044 020920;
PRIORITY (CC, No, Date): DE 10148838 011004
DESIGNATED STATES: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR;

        IE; IT; LI; LU; MC; NL; PT; SE; SK; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: G06F-019/00
ABSTRACT EP 1300795 A2 (Translated)
    Remote monitoring of the effects of a medicament in a patient, useful
    for comparison of actual performance with expected actions, comprises a
    monitor on the patient which transmits data to a computer center
    System for remote monitoring of the effects of a medicament (4)
    administered in a patient (1).
    System for remote monitoring of the effects of a medicament (4)
    administered to a patient (1) comprises a database (11a), which carries a
    data file relating to the patient and the medication together with the
    expected performance. The actual performance data are taken at a receiver
    (11b) to be recorded for comparison with the expected performance. The
    computer (11) has a software program to implement the storage of the
    nominal data and, also, draw comparisons with the actual data. The
    patient carries a monitor (15) to register appropriate parameters, for
    subsequent transmission to the computer center (10).
TRANSLATED ABSTRACT WORD COUNT: 146
NOTE: Figure number on first page: 1
LANGUAGE (Publication,Procedural,Application): German; German; German
FULLTEXT AVAILABILITY:
Available Text   Language   Update   Word Count
     CLAIMS A   (German)   200315   858
     SPEC A   (German)   200315   2885
Total word count - document A   3743
Total word count - document B   0
Total word count - documents A + B   3743

  8/3,AB/2   (Item 2 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.
01496813
 Method **for monitoring the course of a therapy for a patient in therapy**
Verfahren zum Uberwachen des Therapieverlaufs eines zu therapierenden
     Patienten
Methode pour surveiller le deroulement d'une therapie pour un patient en
     therapie
PATENT ASSIGNEE:
  SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 Munchen
     , (DE), (Applicant designated States: all)
INVENTOR:
   Schmidt, Volker, Dr. , Welsweg 3, 91054 Erlangen, (DE)
   Schneider, Siegfried, Dr., Kulmbacher Strasse 33, 91056 Erlangen, (DE)
   Tiffe, Sven, Paul-Gossen-Strasse 99, 91052 Erlangen, (DE
PATENT (CC, No, Kind, Date): EP 1256897 A2   021113 (Basic)
APPLICATION (CC, No, Date):   EP 2002009687 020429;
PRIORITY (CC, No, Date): DE 10122778 010510
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI;
     LU; MC; NL; PT; SE; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: G06F-019/00
ABSTRACT EP 1256897 A2 (Translated)
    Method for monitoring the course of a patient's therapy in which a
    value representative of the patient's condition is constantly monitored
    and a comparison value adjusted at regular internals to ensure it matches

the measur
   Method in which a value representative of a diagnostic or therapeutic
measure is recorded continuously or at regular time intervals and the
value, or a value derived from it compared with a reference value. If a
difference threshold is breached an alarm is generated. The reference
value is set or adjusted at given time intervals automatically or by an
authorized person or position with the person or position automatically
advised of the result of the adjustment.
TRANSLATED ABSTRACT WORD COUNT: 111
NOTE: Figure number on first page: 1
LANGUAGE (Publication,Procedural,Application): German; German; German
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(German)	200246	618
SPEC A	(German)	200246	4538
Total word count - document A			5156
Total word count - document B			0
Total word count - documents A + B			5156

   8/3,AB/4   (Item 4 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.
01439952
 Method   **and medical system for monitoring a patient suffering from
    epilepsy**
**Verfahren und medizinisches System zur Uberwachung eines an Epilepsie
    leidenden Patienten**
Methode et systeme medical de surveillance d'un patient atteint d'epilepsie
PATENT ASSIGNEE:
   SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 Munchen
    , (DE), (Applicant designated States: all)
INVENTOR:
   Schmidt, Volker, Dr. , Sieglitzhofer Strasse 28, 91054 Erlangen, (DE)
   Striebel, Werner , Rothenbacher Strasse 19, 90592 Schwarzenbruck, (DE
PATENT (CC, No, Kind, Date): EP 1226783 A2   020731 (Basic)
                              EP 1226783 A3   021002
APPLICATION (CC, No, Date):   EP 2002000805 020114;
PRIORITY (CC, No, Date): DE 10103327 010125
DESIGNATED STATES: DE; FR; GB; IT
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: A61B-005/00
ABSTRACT EP 1226783 A2
   Die Erfindung betrifft ein Verfahren und ein medizinisches System zur
   Uberwachung wenigstens eines an Epilepsie leidenden Patienten auserhalb
   einer medizinischen Einrichtung. Zur Uberwachung des Patienten wird
   wenigstens ein das Epilepsieleiden betreffender Messwert des Patienten
   erfasst, mit einer Auswertevorrichtung (24) ausgewertet und in einer
   zentralen Datenbank (27) gespeichert. Durch einen Alarmgeber (24) wird
   ein Alarmsignal erster Art ausgelost, wenn der ausgewertete Messwert als
   fur den Gesundheitszustand des Patienten kritisch eingestuft wird, oder
   es wird ein Alarmsignal zweiter Art ausgelost wird, wenn der Messwert des
   Patienten ausbleibt.
ABSTRACT WORD COUNT: 86
NOTE: Figure number on first page: 1
LANGUAGE (Publication,Procedural,Application): German; German; German
FULLTEXT AVAILABILITY:

```
Available Text  Language    Update    Word Count
     CLAIMS A    (German)   200231       711
     SPEC A      (German)   200231      3122
Total word count - document A           3833
Total word count - document B              0
Total word count - documents A + B      3833
```

8/3,AB/7   (Item 7 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.
01110561
**System and method for obtaining information on a patient having
     Parkinson's disease**
**Verfahren zur Ermittlung des im Rahmen des Parkinson-Syndroms bzw. der
     Parkinson-Krankheit relevanten klinischen Zustands eines Patienten,
     sowie System hierfur**
**Systeme et procede pour la collecte d'indications sur la maladie de
     Parkinson**
PATENT ASSIGNEE:
  SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 Munchen
     , (DE), (Applicant designated States: all)
INVENTOR:
  Abraham-Fuchs, Klaus, Dipl.-Phys., Graslitzer Strasse 17, 91058 Erlangen,
     (DE)
  Birkholzer, Thomas, Dr., Sauerheimer Weg 9C, 91085 Weisendorf, (DE)
  Schmidt, Kai-Uwe, Dr., Gebbertstrasse 37, 91052 Erlangen, (DE)
  Schmidt, Volker, Dr. , Welsweg 3, 91054 Erlangen, (DE
PATENT (CC, No, Kind, Date):   EP 972489 A2   000119 (Basic)
                               EP 972489 A3   001025
APPLICATION (CC, No, Date):   EP 99112982 990705;
PRIORITY (CC, No, Date): DE 19832053 980716
DESIGNATED STATES: DE; FR; GB; IT
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: A61B-005/00; A61B-005/11
ABSTRACT EP 972489 A2 (Translated)
     Parkinson's disease patient clinical condition evaluation **method**
     The **method** involves determining one or more measurable parameters
  that are dependent on the disease. Computer-aided analysis and evaluation
  of the measured parameters is used to determine the clinical condition.
     The parameters may be measured by sensors used for detecting the
  movement of different parts of the body or sensory organs and may be
  combined with subjective information, to evaluate of the clinical
  condition.
TRANSLATED ABSTRACT WORD COUNT: 71
NOTE: Figure number on first page: 1
LANGUAGE (Publication,Procedural,Application): German; German; German
FULLTEXT AVAILABILITY:

```
Available Text  Language    Update    Word Count
     CLAIMS A    (German)   200003       716
     SPEC A      (German)   200003      2577
Total word count - document A           3293
Total word count - document B              0
Total word count - documents A + B      3293
```

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File 155:MEDLINE(R) 1966-2004/Feb W3
File   5:Biosis Previews(R) 1969-2004/Feb W3
File  73:EMBASE 1974-2004/Feb W2
File  34:SciSearch(R) Cited Ref Sci 1990-2004/Feb W2
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
Set      Items   Description
S1        152    AU='CHRIST T'
S2        476    AU='SCHMIDT V'
S3         22    AU='SCHMIDT VOLKER':AU='SCHMIDT VOLKER H'
S4          6    AU='SCHMIDT V C' OR AU='SCHMIDT V H'
S5         98    AU='SCHMIDT V.' OR AU='SCHMIDT V.C.' OR AU='SCHMIDT V.H.'
S6        137    AU='SCHMIDT VC' OR AU='SCHMIDT VH'
S7         19    AU='CHRIST T.'
S8          2    AU='SCHULL H'
S9          8    AU='SCHUELL H'
S10         6    AU='STRIEBEL W' OR AU='STRIEBEL WERNER'
S11         0    (S1 OR S7) AND S2:S6 AND S8:S9 AND S10
S12     31259    (AFTER OR POST)(5W)DISCHARG??? OR POSTDISCHARG???
S13    854035    POST()(OPERAT??? OR SURGERY OR SURGICAL) OR POSTOPERAT? OR
                 POSTOP? ? OR POSTSURGERY OR POSTSURGICAL
S14         7    S1:S10 AND S12:S13
S15         6    RD (unique items)
S16    114946    PATIENT? ? (5N)(MONITOR??? OR SURVEILLANCE)
S17         0    (S1:S10 AND S16) NOT S14
```

15/6/4   (Item 4 from file: 155)
07349711   PMID: 3809454
 **The   significance   of CT follow-up studies in acute craniocerebral trauma
including the** postoperative **course]**
   Zum   Stellenwert   von   CT-Kontrolluntersuchungen   beim   akuten
Schadel-Hirn-Trauma (SHT) einschliesslich **postoperativer** Verlaufe.
1986

```
File 155:MEDLINE(R) 1966-2004/Feb W3
File   5:Biosis Previews(R) 1969-2004/Feb W3
File  73:EMBASE 1974-2004/Feb W2
File  34:SciSearch(R) Cited Ref Sci 1990-2004/Feb W2
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
File 144:Pascal 1973-2004/Feb W2
File   2:INSPEC 1969-2004/Feb W2
File   6:NTIS 1964-2004/Feb W3
File   8:Ei Compendex(R) 1970-2004/Feb W2
File  94:JICST-EPlus 1985-2004/Feb W2
File  95:TEME-Technology & Management 1989-2004/Feb W1
File  99:Wilson Appl. Sci & Tech Abs 1983-2004/Jan
File  35:Dissertation Abs Online 1861-2004/Jan
File  65:Inside Conferences 1993-2004/Feb W3
S1      1256439    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERATION OR SURGERY
OR SURGICAL)
S2       908940    COMPUTERI?ED OR AUTOMATED
S3      4190041    COMPUTER? ?
S4      2031458    ELECTRONIC????
S5      3060480    SURVEY??? OR QUESTION? OR CANVASS?
S6     10043977    PATIENT? ? OR OUTPATIENT? ?
S7        58233    (DISCHARG??? OR RELEAS???)(2N)(HOSPITAL? ? OR (MEDICAL OR -
                     SURGICAL)(2W)(FACILITY OR INSTITUTION))
S8        10231    S1 AND S7
S9        69555    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                     RG? OR RELEAS?)
S10        7021    S1 AND S9
S11        1885    S8 AND S10
S12       15367    S8 OR S10
S13      210612    S2:S4 AND S5
S14          39    S12 AND S13
S15          26    RD (unique items)
S16           5    S15/2003:2004
S17          21    S15 NOT S16
S18           3    S17/2002 [not relevant]
S19          18    S17 NOT S18
S20          18    Sort S19/ALL/PY,A

20/6/12      (Item 12 from file: 73)
06342590      EMBASE No: 1996178258
 Surgical site infections occurring after   hospital   discharge
  1996


20/6/14      (Item 14 from file: 73)
10892645      EMBASE No: 2000374232
 An uncommon cause of postoperative confusion
  16 OCT 2000


20/6/17      (Item 17 from file: 73)
11245326      EMBASE No: 2001260026
 National institutes of health consensus development conference statement:
Adjuvant therapy for breast cancer, November 1-3, 2000
  04 JUL 2001


20/7/1      (Item 1 from file: 155)
```

DIALOG(R)File 155:MEDLINE(R)
(c) format only 2004 The Dialog Corp. All rts. reserv.
04641487   PMID: 919883   Record Identifier: 775616; 00049307
   [Simplified dokumentation and evaluation in abortion patients using data-based medical records]
   Vereinfachte Dokumentation und Auswertung bei Interrputiopatienten durch ein datengerechtes Krankenblatt.
   Rossel F; Richter P; Lochmann U
   Zentralblatt fur Gynakologie (GERMANY, EAST)   1977, 99 (18) p1089-96, ISSN 0044-4197   Journal Code: 21820100R
   Document type: Journal Article ; English Abstract
   Languages: GERMAN
   Main Citation Owner: NLM
   Other Citation Owner: PIP; POP
   Abstract Source: PIP
   Record type: Completed
   Now as ever the carrying out of abortions demands from all clinics concerned measures reducing the expenditure of time for every patient with the medical treatment remaining consistently good. Besides this, certain problems – such as complications and social gynaecological **questions** – must be registered in a better way than it was till now in order to be able to answer scientific questions on this basis. Therefore, a new printed form for the clinical history--evolved particularly for women wishing an abortion – was introduced into the womens clinic of the Medical Academy. It simplifies documentation .which the information being sufficient. By registering them in a computer there are favourable conditions for ascertain the findings and informing central institutions.
   A simplified 4-page patient medical record and data form for abortion patients is described. The first page records the patient's understanding of the operation, status of the vagina, and, when applicable, the patient's refusal of abortion and referral to medical care. The remaining pages cover general medical and gynecological history, sociodemographic characteristics of interest, medication, and laboratory values; and information on the abortion procedure, post-operative care, and discharge. These data are stored on computer tape for print-out when needed again. The form is simple, comprehensive, and uniform, and permits statistical analysis of abortion cases.
   Record Date Created: 19771229
   Record Date Completed: 19771229

   20/7/5   (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2004 The Dialog Corp. All rts. reserv.
10216605   PMID: 10136857
   Need to measure outcome after **discharge in surgical audit.**
   Hardwick R H; Saltrese-Taylor A; Collins C D
   Taunton and Somerset Hospital.
   Quality in health care – QHC (ENGLAND)   Sep 1992, 1 (3) p165-7, ISSN 0963-8172   Journal Code: 9209948
   Document type: Journal Article
   Languages: ENGLISH
   Main Citation Owner: NLM
   Record type: Completed
   OBJECTIVE--To assess the accuracy of outcome data on appendicectomy routinely collected as part of a surgical audit and to investigate outcome in the non-audited period after discharge. DESIGN--Retrospective analysis of audit data recorded by the Medical Data Index (MDI) computer system for

all patients undergoing emergency appendicectomy in one year; subsequent analysis of their hospital notes and notes held by their general practitioners for patients identified by a questionnaire who had consulted their general practitioner for a wound complication. SETTING--One district general hospital with four consultant general surgeons serving a population of 250,000. PATIENTS--230 patients undergoing emergency appendicectomy during 1989. MAIN MEASURES--Comparison of postoperative complications recorded in hospital notes with those recorded by the MDI system and with those recorded by patients' general practitioners after discharge. RESULTS--Of the 230 patients, 29 (13%) had a postoperative complication recorded in their hospital notes, but only 14 (6%) patients had these recorded by the MDI system. 189 (82%) of the patients completed the outcome questionnaire after discharge. The number of wound infections as recorded by the MDI system, the hospital notes, and notes held by targeted patients' general practitioners were three (1%), eight (3%), and 18 (8%) respectively. None of 12 readmissions with complications identified by the hospital notes were identified by the MDI system. CONCLUSIONS--Accurate audit of postoperative complications must be extended to the period after discharge. Computerised audit systems must be able to relate readmissions to specific previous admissions.
  Record Date Created: 19941118
  Record Date Completed: 19941118

20/7/9   (Item 9 from file: 34)
DIALOG(R)File   34:SciSearch(R) Cited Ref Sci
(c) 2004 Inst for Sci Info. All rts. reserv.
03683993   Genuine Article#: PX233   Number of References: 42
Title: HEALTH-RELATED INFORMATION POSTDISCHARGE **- TELEPHONE VERSUS**
    FACE-TO-FACE INTERVIEWING
Author(s): KORNERBITENSKY N; WOODDAUPHINEE S; SIEMIATYCKI J; SHAPIRO S;
    BECKER R
Corporate Source: JEWISH REHABIL HOSP,3205 PL ALTON GOLBLOOM/LAVAL H7V
    1R2/PQ/CANADA/; MCGILL UNIV,SCH PHYS & OCCUPAT
    THERAPY/MONTREAL/PQ/CANADA/; INST ARMAND FRAPPIER,EPIDEMIOL & BIOSTAT
    UNIT/LAVAL/PQ/CANADA/; MCGILL UNIV,DEPT EPIDEMIOL &
    BIOSTAT/MONTREAL/PQ/CANADA/
Journal: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, 1994, V75, N12 (
    DEC), P1287-1296
ISSN: 0003-9993
Language: ENGLISH   Document Type: ARTICLE
Abstract: This study had two primary aims: (1) to determine the usefulness of a telephone-administered health status **questionnaire** as an epidemiological **survey** instrument in groups at high risk for morbidity and disability; and (2) to evaluate the value of a telephone interview for making judgments about individual patient management, A structured telephone interview was compared with a face-to-face interview in 366 individuals with a stroke or an orthopedic condition up to 5 years **after discharge** from a rehabilitation hospital. Standardized assessments including the Barthel Index, the Zung Scale, the Reintegration to Normal Living (RNL) Index, and the Pfeiffer Short Portable Mental Status **Questionnaire** (SPMSQ), along with **questions** on health, medication use, and health events were administered using both modes. Comparability between the modes was also assessed according to the type of respondent, self, or proxy. On the Barthel Index, the Zung Scale, the RNL Index, and the SPMSQ the percentage of patients indicated as having no disability was similar between the modes. proxies' responses were, in general, as consistent between the modes as patients' responses. The

reliability coefficients indicated moderate to substantial agreement between the modes on the majority of indices and health-related **questions** . Discord between modes, when present, was greatest for individuals with moderate and severe disability, with less frequent reporting of disability on the telephone. This study supports the use of telephone interviews in determining the prevalence of disability in the community and supports the use of the telephone interview in the case finding process.

20/7/11　　　**(Item 11 from file: 155)**
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2004 The Dialog Corp. All rts. reserv.
12904485 · PMID: 8555514
　　Postdischarge surgical site infection surveillance.
　　Fanning C; Johnston B L; MacDonald S; LeFort-Jost S; Dockerty E
　　Canadian journal of infection control - the official journal of the Community & Hospital Infection Control Association-Canada = Revue canadienne de prevention des infections / Association pour la (CANADA)
Autumn 1995, 10 (3) p75-9, ISSN 1183-5702　Journal Code: 9114581
　　Document type: Clinical Trial; Journal Article; Randomized Controlled Trial
　　Languages: ENGLISH
　　Main Citation Owner: NLM
　　Record type: Completed
　　OBJECTIVE: To evaluate **three methods for conducting post-discharge surgical site infection (SSI) surveillance**. DESIGN: Patients undergoing in-patient and day-patient surgery were prospectively randomized to one of three surveillance methods: group 1, **patient questionnaire (mailed back)**; group 2, surgeon follow-up card; or group 3, **patient questionnaire (telephoned** by an infection control practitioner [ICP]). There were 200 in-patients and 200 day-patients randomized to each group. Evaluation of SSI was conducted 30 days **postoperatively**. SETTING: A 760-bed tertiary care teaching hospital. RESULTS: **Questionnaires** were sent home with 350 patients. Fifteen in-patients and 35 day-patients were excluded; 15 in-patients and 17 day-patients returned **questionnaires** early (fewer than three weeks **postoperation**), leaving 54 of 185 in-patients (29.2%) and 25 of 165 day-patients (15.2%) with timely returns. Seven (three in-patients and four day-patients) reported symptoms of SSI. Surgeons received cards for 400 patients; cards were returned for 118 of 203 in-patients (58.1%) and 142 of 197 day-patients (72.1%). Twelve (seven in-patients and five day-patients) were reported to have developed SSI. ICPS telephoned 332 patients; 187 of 196 in-patients (95.4%) and 107 of 126 day-patients (84.9%) were reached in six or fewer attempts. Four in-patients and 74 day-patients were lost due to cancellation of surgery or no surgical incision. Fourteen (10 in-patients and four day-patients) reported symptoms of SSI. For group 1 patients, ICPS spent 17 h distributing questionnaires and instructing staff; for group 2, ICPs spent no time distributing material; and for group 3, ICPS spent at least 8 h completing data forms, 16.5 h on the telephone and 33 h conducting demographic data retrieval from the hospital computer. CONCLUSIONS: In this setting, surgeon follow-up cards were the most efficient and reliable method for conducting postdischarge SSI surveillance. They provided a good rate of return and were time efficient, and wound evaluation was done by trained professionals using standard criteria for diagnosis of postoperative SSI.
　　Record Date Created: 19960223
　　Record Date Completed: 19960223

20/7/13　　　**(Item 13 from file: 73)**

DIALOG(R)File   73:EMBASE
(c) 2004 Elsevier Science B.V. All rts. reserv.
07588040   EMBASE No: 1999067351
  Efficient identification of postdischarge surgical site infections: Use
of automated pharmacy dispensing information, administrative data, and
medical record information
    Sands K.; Vineyard G.; Livingston J.; Christiansen C.; Platt R.
    Dr. K. Sands, Beth Israel Deaconess Medical Center, 330 Brookline Ave.,
    Boston, MA 02215 United States
    AUTHOR EMAIL: ksands@bidmc.harvard.edu
    Journal of Infectious Diseases (J. INFECT. DIS.) (United States) 1999
  , 179/2 (434-441)
    CODEN: JIDIA   ISSN: 0022-1899
    DOCUMENT TYPE: Journal; Article
    LANGUAGE: ENGLISH   SUMMARY LANGUAGE: ENGLISH
    NUMBER OF REFERENCES: 12
    Although most surgical site infections (SSIs) occur **after   hospital**
discharge , there is no efficient way to identify them. The utility of
automated claims and **electronic** medical record data for this purpose was
assessed in a cohort of 4086 nonobstetric procedures following which 96
postdischarge SSIs occurred. Coded diagnoses, tests, and treatments were
assessed by use of recursive partitioning, with 10-fold cross-validation,
and logistic regression with bootstrap resampling. Specific codes and
combinations of codes identified a subset of 2% of all procedures among
which 74% of SSIs had occurred. Accepting a specificity of 92% improved the
sensitivity from 74% to 92%. Use of only **hospital   discharge** diagnosis
codes plus pharmacy dispensing data had sensitivity of 77% and specificity
of 94%. All of these performance characteristics were better than
questionnaire responses from patients or surgeons. Thus, information
routinely collected by health care systems can be the basis of an
efficient, largely passive, surveillance system for **postdischarge** SSIs.

  20/7/16   (Item 16 from file: 73)
DIALOG(R)File   73:EMBASE
(c) 2004 Elsevier Science B.V. All rts. reserv.
11348757   EMBASE No: 2001362121
  Electronic chart review as an aid to postdischarge surgical site
surveillance: Increased case finding
    Friedman C.; Sturm L.K.; Chenoweth C.
    C. Friedman, University of Michigan Health System, 1500 E Medical Center
    Dr, Ann Arbor, MI 48109-0755 United States
    American Journal of Infection Control (AM. J. INFECT. CONTROL) (United
    States)   2001, 29/5 (329-332)
    CODEN: AJICD   ISSN: 0196-6553
    DOCUMENT TYPE: Journal ; Article
    LANGUAGE: ENGLISH   SUMMARY LANGUAGE: ENGLISH
    NUMBER OF REFERENCES: 32
    Background: At the University of Michigan Hospitals and Health Centers,
there is increasing use of an **electronic** medical record. Because
orthopedic surgeons dictate all outpatient visits to the patient's
electronic record, total knee arthroplasties were chosen to determine
whether the use of **electronic** medical records increased case finding.
Methods: All patients who underwent a total knee arthroplasty during the
study period (1996-1999) were followed prospectively with the use of the
National Nosocomial Infection Surveillance System definitions. Traditional
surveillance methods were used to ascertain infections. In addition, each

patient's **postdischarge** outpatient clinic chart was reviewed **electronically** for 1 year **after operation**. Results: From 1996 to 1999, 555 procedures were performed. Overall, 25 infections were identified **after operation**. Seven infections were identified through traditional surveillance methods, which resulted in an average surgical site infection rate of 1.3%. The use of **electronic** chart review surveillance **after discharge** revealed a rate of 4.5%, which was significantly higher than traditional surveillance (P<.01). Eighteen of 25 infections (72%) would not have been identified with the use of traditional surveillance methods. Conclusion: **Postdischarge electronic** chart review enhanced case finding significantly, which resulted in a more accurate infection rate. Awareness should be given to the institutions' surveillance methods and intensity when comparing to published rates.

20/7/18   (Item 18 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2004 The Dialog Corp. All rts. reserv.
11446622   PMID: 11552932
Post-discharge surgical wound infection surveillance in a provincial
hospital: follow-up rates, validity of data and review of the literature.
   Kent P; McDonald M; Harris O; Mason T; Spelman D
   Hospital Epidemiology and Infection Control Programme, St John of God Health Care, Geelong,Australia. paschal.kent@sjog.org.au
   ANZ journal of surgery (Australia)   Oct 2001, 71 (10) p583-9, ISSN 1445-1433   Journal Code: 101086634
   Comment in ANZ J Surg. 2001 Oct;71(10) 563; Comment in PMID 11605599
   Document type: Journal Article; Review; Review, Tutorial
   Languages: ENGLISH
   Main Citation Owner: NLM
   Record type: Completed
   BACKGROUND: Numerous studies suggest that many surgical site infections (SSI) come to light only **after discharge** from **hospital** . With increasing trends towards shorter length of stay and ambulatory day surgery, **post** - **discharge surveillance** may become necessary for all infection control programs, but the methodology has yet to be validated and standardized. The overall aim of the present study was to examine the impact of effective **post** - **discharge** SSI follow up on the overall SSI rate. METHODS: A prospective targeted surveillance programme of 1291 **surgical** procedures was conducted at St John of God Health Care Geelong using the standardized National Nosocomial Infections Surveillance (NNIS) METHOD: **Questionnaires** were sent to surgeons and the results rigorously chased up. Factors giving rise to high follow-up rates and the relationship between follow up, attrition bias and validity of data were explored using a literature search. RESULTS: A **post** - 1discharge follow-up rate of 98.7% was achieved. When the **post** - **discharge** data were included, the overall SSI rate (6.0% (95% CI: 4.7-7.4)) was more than double that in hospital (2.7% (95% CI: 1.9-3.8)). CONCLUSIONS: An effective **post** - **discharge** follow-up programme significantly increased the SSI rate. From the authors' experience and a literature **survey** , possible ways to achieve high follow-up rates were suggested. It was also recommended that professional and regulating bodies in Australia be encouraged to standardize methodology and set minimum follow-up rates for **post** - **discharge** SSI surveillance. Increasing use of **computerized** hospital database systems for **automated** data gathering and processing should make this more practicable. (39 Refs.)
   Record Date Created: 20010912
   Record Date Completed: 20011101

```
File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13
File 233:Internet & Personal Comp. Abs. 1981-2003/Sep
File 474:New York Times Abs 1969-2004/Feb 17
File 475:Wall Street Journal Abs 1973-2004/Feb 17
File 256:SoftBase:Reviews,Companies&Prods. 82-2004/Jan
Set     Items    Description
S1       1871    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                 POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                 ION OR SURGERY OR SURGICAL)
S2      27152    COMPUTERI?ED OR AUTOMATED
S3     401851    COMPUTER? ?
S4     219677    ELECTRONIC????
S5     200985    SURVEY??? OR QUESTION? OR CANVASS?
S6      35453    PATIENT? ? OR OUTPATIENT? ?
S7        669    (DISCHARG??? OR RELEAS???)(2N)(HOSPITAL? ? OR (MEDICAL OR -
                 SURGICAL)(2W)(FACILITY OR INSTITUTION))
S8       1443    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                 RG? OR RELEAS?)
S9         32    S1 AND S7:S8
S10     17713    S2:S4 AND S5
S11         0    S9 AND S10
S12         0    S2:S4 AND S9
S13         1    S5 AND S9
S14        31    S9 NOT S13
S15        31    RD (unique items)
S16         2    S15/2003:2004
S17         0    S15/2002
S18        29    S15 NOT S16
S19        29    Sort S18/ALL/PY,A [not relevant]
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```
 13/6/1      (Item 1 from file: 583)
09099279
Lapsille ei anneta tarpeeksi kipulUUkettU
   FINLAND: CHILDREN NOT GIVEN ENOUGH PAIN KILLERS
03 May 1999
```

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File  15:ABI/Inform(R) 1971-2004/Feb 17
File   9:Business & Industry(R) Jul/1994-2004/Feb 16
File 624:McGraw-Hill Publications 1985-2004/Feb 17
File  16:Gale Group PROMT(R) 1990-2004/Feb 17
File 160:Gale Group PROMT(R) 1972-1989
File 148:Gale Group Trade & Industry DB 1976-2004/Feb 17
File 621:Gale Group New Prod.Annou.(R) 1985-2004/Feb 17
File 636:Gale Group Newsletter DB(TM) 1987-2004/Feb 17
File  98:General Sci Abs/Full-Text 1984-2004/Jan
Set     Items    Description
S1      40477    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                 POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                 ION OR SURGERY OR SURGICAL)
S2     775184    COMPUTERI?ED OR AUTOMATED
S3    5925648    COMPUTER? ?
S4    4325052    ELECTRONIC????
S5    3213575    SURVEY??? OR QUESTION? OR CANVASS?
S6     999909    PATIENT? ? OR OUTPATIENT? ?
S7      12339    (DISCHARG??? OR RELEAS???)(2N)(HOSPITAL? ? OR (MEDICAL OR -
                 SURGICAL)(2W)(FACILITY OR INSTITUTION))
S8      38407    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                 RG? OR RELEAS?)
S9    2451853    MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10   1784753    SURVEILLANCE OR TRACK???
S11     37360    S6(2N)S9:S10
S12       518    S1(S)S7:S8
S13        10    S11(S)S12
S14         0    S13(S)S2
S15         1    S13(S)S3
S16        .1    S13(S)S4
S17         2    S15:S16
S18        25    S12(S)S5
S19         0    S18(S)S2
S20         3    S18(S)S3
S21         3    S18(S)S4
S22         3    S20:S21 NOT S17 [not relevant]
S23         8    S13 NOT (S17 OR S22)
S24         4    RD (unique items)
```

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 17/3,AB,K/1      (Item 1 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c)2004 The Gale Group. All rts. reserv.
06125468     SUPPLIER NUMBER: 12562044     (USE FORMAT 7 OR 9 FOR FULL TEXT)
```
**In-hospital and long-term mortality in male veterans following noncardiac
  surgery. (Study of Perioperative Ischemia Research Group)**
Browner, Warren S.; Li, Juliet; Mangano, Dennis T.
JAMA, The Journal of the American Medical Association, v268, n2, p228(5)
July 8, 1992
ISSN: 0098-7484   LANGUAGE: ENGLISH   RECORD TYPE: FULLTEXT; ABSTRACT
WORD COUNT: 4088   LINE COUNT: 00349
ABSTRACT: Patients with high blood pressure or kidney disease or who have
led sedentary life styles have a higher risk of death following **surgery**. Of
474 patients undergoing general **surgery,** 26 died shortly after the
operation, 59 died within the first year and 23 died within the second year
after surgery. Chronic disease was the main indicator of long term
survival. Kidney disease, congestive heart failure, obstructive pulmonary

disease and **surgery** for cancer increased the mortality rate two to three times. After two years, 44% of patients with two of these diseases were no longer alive. Physicians should weigh the benefits and risk factors of recommending elective noncardiac surgery to patients with two or more of these risk factors. More than 75% of in-hospital deaths after surgery occurred several days to several weeks after surgery.

...   and other, eg, neurosurgical and orthopedic (n=196); 110 patients underwent surgery for suspected malignancies. **Patients** were **monitored** for the occurrence of myocardial ischemia with a two-channel AM Holter electrocardiographic recorder (Series 8500, Marquette **Electronics** Inc, Milwaukee, Wis) for up to 2 days preoperatively, intraoperatively, and 2 days postoperatively. Patients were interviewed and examined by study physicians on each **postoperative** day until **hospital** discharge ; patients reported to the Veterans Affairs clinic for annual visits thereafter. Long-term follow-up...

17/3,AB,K/2   (Item 2 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c)2004 The Gale Group. All rts. reserv.
03650711   SUPPLIER NUMBER: 06621582   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Why seniors don't use technology. (includes related article)
Bowe, Frank
Technology Review, v91, n6, p34(7)
Aug-Sept, 1988
CODEN: TEREA   ISSN: 0040-1692   LANGUAGE: ENGLISH   RECORD TYPE: FULLTEXT
WORD COUNT: 2872   LINE COUNT: 00223
... The recent Medicare reforms providing incentives for early **discharge** from **hospitals** may have brought this point home to some government planners. One reason Congress enacted the...
...other devices work about as effectively at home as in the hospital. And special telephone- **computer** linkages permit constant **monitoring** of **outpatients** . But when **hospitals** began **discharging** Medicare patients earlier **after** **surgery** , they started to see high recidivism rates. Many of the patients simply won't use...

24/8/1   (Item 1 from file: 16)
DIALOG(R)File 16:(c) 2004 The Gale Group. All rts. reserv.
08610228   Supplier Number: 74285924   (USE FORMAT 7 FOR FULLTEXT)
Biopure Announces Preliminary Efficacy Results for Phase III Clinical Trial of Hemopure(R) in Orthopedic Surgery Patients.
May 8, 2001
Word Count: 1311
PUBLISHER NAME: PR Newswire Association, Inc.
COMPANY NAMES: *Biopure Corp.
PRODUCT NAMES: *2833000   (Bulk Medicinals & Botanicals)
INDUSTRY NAMES: BUS (Business, General); BUSN (Any type of business)
SIC CODES: 2833 (Medicinals and botanicals)
NAICS CODES: 325411 (Medicinal and Botanical Manufacturing)
SPECIAL FEATURES: LOB; COMPANY

24/8/2   (Item 2 from file: 16)
DIALOG(R)File 16:(c) 2004 The Gale Group. All rts. reserv.
05939231   Supplier Number: 53189134   (USE FORMAT 7 FOR FULLTEXT)
Biopure's Blood Substitute Reduces Blood Transfusions After Heart Surgery.
Nov 9, 1998

Word Count: 915
PUBLISHER NAME: PR Newswire Association, Inc.
COMPANY NAMES: *Biopure Corp.
GEOGRAPHIC NAMES: *1USA   (United States)
PRODUCT NAMES: *2833400   (Bulk Cardiovascular & Blood Agents)
INDUSTRY NAMES: BUS (Business, General); BUSN (Any type of business)
NAICS CODES: 325411 (Medicinal and Botanical Manufacturing)
SPECIAL FEATURES: COMPANY

   24/8/4   (Item 2 from file: 148)
DIALOG(R)File 148:(c)2004 The Gale Group. All rts. reserv.
08598778   SUPPLIER NUMBER: 18119174   (USE FORMAT 7 OR 9 FOR FULL TEXT)
**Cardiovascular effects of intravenous triiodothyronine in patients
   undergoing coronary artery bypass graft surgery: a randomized,
   double-blind, placebo-controlled trial.**
March 6, 1996
WORD COUNT: 5030   LINE COUNT: 00456
 SPECIAL FEATURES: illustration; table; graph
 INDUSTRY CODES/NAMES: HLTH   Healthcare
 DESCRIPTORS: Triiodothyronine--Therapeutic use; Coronary artery bypass--
   Complications; Cardiovascular system--Physiological aspects

```
File 275:Gale Group Computer DB(TM) 1983-2004/Feb 17
File 476:Financial Times Fulltext 1982-2004/Feb 18
File 634:San Jose Mercury  Jun 1985-2004/Feb 16
File 149:TGG Health&Wellness DB(SM) 1976-2004/Feb W2
File 444:New England Journal of Med. 1985-2004/Feb W4
File 441:ESPICOM Pharm&Med DEVICE NEWS 2004/Feb W2
File 369:New Scientist 1994-2004/Feb W2
File 370:Science 1996-1999/Jul W3
Set     Items    Description
S1      28445    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                 POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                 ION OR SURGERY OR SURGICAL)
S2      76961    COMPUTERI?ED OR AUTOMATED
S3      829753   COMPUTER? ?
S4      395704   ELECTRONIC????
S5      679772   SURVEY??? OR QUESTION? OR CANVASS?
S6      345671   PATIENT? ? OR OUTPATIENT? ?
S7      10290    (DISCHARG??? OR RELEAS???)(2N)(HOSPITAL? ? OR (MEDICAL OR -
                 SURGICAL)(2W)(FACILITY OR INSTITUTION))
S8      14019    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                 RG? OR RELEAS?)
S9      413427   MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10     242438   SURVEILLANCE OR TRACK???
S11     927      S1(S)S7:S8
S12     11       S11(S)S2:S4
S13     11       RD (unique items)
S14     9        S9:S10 AND S13
S15     7        S5 AND S13
S16     10       S14:S15
S17     10       RD (unique items)
S18     1        S17/2003:2004
S19     9        S17 NOT S18
S20     9        Sort S19/ALL/PD,A
S21     2        S12 NOT S20 [not relevant]
```

20/8/3   (Item 3 from file: 149)
DIALOG(R)File 149:(c) 2004 The Gale Group. All rts. reserv.
01375607   SUPPLIER NUMBER: 13373844   (USE FORMAT 7 OR 9 FOR FULL TEXT)
**Deep vein thrombosis in spinal cord-injured patients: evaluation and
  assessment. (Deep Vein Thrombosis in Spinal Cord Injury)**
1992
WORD COUNT: 2890   LINE COUNT: 00239
SPECIAL FEATURES: illustration; table
DESCRIPTORS: Thrombosis, Deep vein--Diagnosis; Spinal cord injuries--Care
  and treatment

20/8/4   (Item 4 from file: 149)
DIALOG(R)File 149:(c) 2004 The Gale Group. All rts. reserv.
01419386   SUPPLIER NUMBER: 13879615   (USE FORMAT 7 OR 9 FOR FULL TEXT)
**Early and rapid diagnosis of perioperative myocardial infarction in
  aortocoronary bypass surgery by immunoturbidimetric myoglobin
  measurements.**
1993
WORD COUNT: 1979   LINE COUNT: 00213
SPECIAL FEATURES: illustration; graph
DESCRIPTORS: Heart attack--Diagnosis; Myoglobin--Measurement; Coronary

artery bypass--Complications

20/8/7   (Item 7 from file: 149)
DIALOG(R)File 149:(c) 2004 The Gale Group. All rts. reserv.
01836777   SUPPLIER NUMBER: 54774737   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Fatal Postoperative Pulmonary Edema.
1999
WORD COUNT: 5091   LINE COUNT: 00526
DESCRIPTORS: Pulmonary edema--Case studies; Surgery--Complications
GEOGRAPHIC CODES/NAMES: 1USA   United States

20/3,AB,K/2   (Item 2 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2004 The Gale Group. All rts. reserv.
01241720   SUPPLIER NUMBER: 09271825   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Outcomes of surgery under Medicaid.
Klingman, David; Pine, Penelope L.; Simon, James
Health Care Financing Review, v11, n3, p1(16)
Spring, 1990
PUBLICATION FORMAT: Magazine/Journal   ISSN: 0195-8631   LANGUAGE: English
RECORD TYPE: Fulltext   TARGET AUDIENCE: Professional
WORD COUNT: 8202   LINE COUNT: 00836
...   a sufficient number of cases to provide statistically reliable
results. It also raises serious ethical **questions** , e.g., withholding
treatment from control patients when the treatment proves effective, or
risking adverse...
...treatment in small-volume hospitals, given their distance from
designated regional specialty hospitals. They also **question** the capacity
of some designated regional hospitals to handle a larger patient load.
Sloan, Perrin...wenzel, 1981). Nosocomial infections have also been shown
to be more extensive than reported in **hospital discharge** abstracts
(Massanari et al., 1987). Frequency of complications has also been used to
characterize high...
...rates following appendectomy. Finally, Roos et al. (1985, 1986) have
demonstrated that diagnosis codes in **computerized** claims records can be
used to measure, for a variety of surgical procedures, the incidence...
appear to be achieving consensus on an efficient method of identifying
specific complication codes to **monitor** .
       Summary
       Post-surgical readmissions among Medicaid patients appear to be
somewhat more prevalent in Georgia...regions have been observed in Medicare
data (Ruther and Dobson, 1981) and National Health Interview **Survey** data
(Link, Long, and Settle, 1982). These patterns have usually been attributed
to greater problems...
...   In terms of methodology, the results further demonstrate the utility
of claims data in **monitoring** outcomes of surgery and inpatient hospital
care more generally. In particular, analyzing changes in utilization...
surgery in the ICD-9-CM coding system, it may ultimately prove useful in
quality- **monitoring** activities as a preliminary screen in selecting cases
for more intensive investigation.
       Acknowledgments
       The authors...
...the key stay through the 180th following admission to that stay. Each
patient is thus **monitored** over a uniform period of 6 months following the
date of surgical admission--not the...are used here as potential predictors
of surgical outcomes. Month-by-month enrollment status (to **check** for

continuity of enrollment throughout a 12-month episode) and any patient
background data not...Roos, L.L., Jr., Cageorge, S.M., N.P., and Danzinger,
R.: Centralization, certification, and **monitoring** : Readmissions and
complications after surgery. Medical Care 24(11):1044-1066, Nov. 1986...

  20/3,AB,K/6   **(Item 6 from file: 149)**
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2004 The Gale Group. All rts. reserv.
01664189   SUPPLIER NUMBER: 19055708   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Comparison of two teaching strategies: adherence to a home** monitoring **program
Goldstein, Nancy L.; Snyder, Mariah; Edin, Cheryl; Lindgren, Bruce;
Finkelstein, Stanley M.
Clinical Nursing Research, v5, n2, p150(17)
May, 1996
PUBLICATION FORMAT: Magazine/Journal   ISSN: 1054-7738 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Academic; Professional
WORD COUNT: 5421   LINE COUNT: 00459
     A home **monitoring** program was initiated at the University of
Minnesota Hospital and Clinic (UMHC), a 560-bed...
...fibrosis patients (Finkelstein et al., 1986; Finkelstein et al., 1992).
The focus of this home **monitoring** program is to provide health care
professionals with data that will enable early detection of rejection or
infection. The transplant- **monitoring** program uses an electronic
spirometer and paperless diary system with educational, **tracking** , and
feedback strategies to enhance use of the program and reliability of the
recorded data...
...these transplant recipients, as they must learn to cope with chronic
disease and long-term **surveillance** of their health status. Diminished
teaching time available to nurses because of shortened hospital stays...
...a Patient Learning Center (PLC) where they participated in a structured,
formal program on home **monitoring** and instrument use.
    BACKGROUND
     A criterion for the success of any educational intervention is
whether patients acquire an increased ability to manage their health care.
In a recent **survey** conducted by Cleary et al. (1991), 20% to 30% of 6,455
newly discharged patients...
...part of a routinely scheduled health care encounter or as a separate
service. Bartlett (1991) **questions** how patient education services can
best be delivered and describes advantages to both integrated and...
...UMHC. Differences in adherence for transmission of weekly data were
observed after instruction on home **monitoring** participation and
instrument use was transferred from the clinic setting (integrated
approach) to the PLC...the study data center. Information on vital signs
and symptoms to be entered into the **electronic** spirometer/diary
instrument each day was also covered. Approximately 30 minutes was spent
with each...
...persons entering the room and drawing the subject's attention to another
facet of the **postoperative** regimen. Recognizing that these problems might
have an impact on subject adherence to the home monitoring protocol,
arrangements were made to have the subjects taught by staff in the PLC.
    PLC...
...heart-lung transplant surgery between December 1991 and October 1993
were eligible for the home **monitoring** study. Forty-eight transplants were
performed during this time: five heart-lung (HL), 15 bilateral...
...complications, and the condition of 5 patients was not stabilized
sufficiently to allow for home **monitoring** . One patient refused to

participate in the study. Of the remaining 32 subjects, 13 received home **monitoring** instruction in the clinic setting and 19 in the PLC. For this study, only subjects who had the electronic **monitor** at home for at least 6 months were included. This means that they received instruction...

...date. One of the clinic-instructed subjects was hospitalized within the first month of home **monitoring** and subsequently died. The effectiveness of the two teaching methods for the remaining 23 subjects, who were in the home **monitoring** program for a minimum of 6 months, was evaluated to determine ...the clinic-instructed group had support in place. Physical status at the onset of home **monitoring** was determined by the length of time between transplant surgery and **hospital** **disc**harge . Physical status during the 6-month home **monitoring** period was determined by the number of hospitalization days for each group. Subject demographics are...

...before beginning the study.

DATA COLLECTION

Each study participant received an electronic spirometer/diary home **monitoring** instrument that contained a portable electronic spirometer, digital display, keypad, and modem (PFM-H100, Advanced...

...transmitted over a standard telephone line using a modem that is built into the home **monitoring** unit. Transmitted data is stored in a relational database.

The research team reviewed subjects, records...

...data and to identify changes in the subjects' parameters. A weekly log was maintained to **track** subjects' adherence to the protocol. Study participants were contacted if transmissions were not received for...

...or if changes needed to be made in their treatment regimen.

DATA ANALYSIS

The home **monitoring** diary adherence of two groups of lung and heart-lung transplant subjects were compared in...

...received from each subject, over 3- and 6-month periods, from the onset of home **monitoring** . A data record consists of a daily set of spirometry, vital signs, and symptom values...

...recorded by each subject over the 6-month period following each subjects start of home **monitoring** . The number of subjects submitting 46 or more (> 25%) and 91 or more (> 50%) records...

...Yates correction factor.

t test, chi-square analysis, and Fisher exact test were used to **check** for an imbalance between instructional groups for potential confounding variables (i.e., sex, age, family...

...PLC-instructed group was more adherent than the clinic-instructed group in following the home **monitoring** protocol. All subjects in both groups obtained and successfully transmitted the home data to the...

...records was used as the basic measurement unit for adherence. During the initial 3-month **monitoring** period, the average number of records for each subject in the clinic group was 46...both groups were similar in physical condition at the time of entry into the home **monitoring** program and over the 6-month study period. This was based on time to hospital...

...test). Both groups had comparable hospitalization stays during the first 6 months of the home **monitoring** period. The average number of hospitalization days was 16.4 for the clinic-instructed group...effective in promoting patient adherence to a prescribed home care regimen.

Adherence to the home **monitoring** program may have increased when patients were taught in the PLC, for a number of...

...be accommodated, and additional time can be spent helping patients determine how to fit home **monitoring** into their daily schedule and reviewing what to do if problems should occur. There is...

...study provides additional data supporting the effectiveness of
structuring patient education. Bartlett (1991) raised the **question** of how
patient education services can best be delivered. Findings from this study
support a...

...W.. Walker, J. D., Delbanco, T. L. (1991). Patients evaluate their
hospital care. A national **survey** . Health Affairs, 10, 254-267. Falvo, D.
R. (1985). Effective patient education Gaithersburg, MD: AspenB. (1986).
Feasibility and compliance studies of a home measurement **monitoring**
program for cystic fibrosis. Journal of Chronic Diseases, 39, 195-205.
Finkelstein, S. M., Hertz...

...Snyder. M., Edin, C., Wielinski, C., Lindgren, B.. Prasad, B., &
Warwick. W. J. (1992). Home **monitoring** in lung transplantation: A model
program. IEEE Engineering in Medicine and Biology Society Proceedings, 14
...

...C., & Hertz, M. I. (1993). Reliability and validity of spirometry
measurements in a paperless home **monitoring** diary program for lung
transplantation. Heart and Lung, 22, 523-533. Giloth, B. E. (1993...
DESCRIPTORS: Patient **monitoring** --

20/3,AB,K/8   (Item 8 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2004 The Gale Group. All rts. reserv.
01970652   SUPPLIER NUMBER: 70451079   (USE FORMAT 7 OR 9 FOR FULL TEXT)
**Standardized Measures: Documenting Processes and Outcomes of Care for
  Patients Undergoing Coronary Artery Bypass Grafting.**
Glessner, Theresa M.; Walker, Mary K.
MedSurg Nursing, 10, 1, 23
Feb, 2001
PUBLICATION FORMAT: Magazine/Journal; Refereed   ISSN: 1092-0811
LANGUAGE: English   RECORD TYPE: Fulltext   TARGET AUDIENCE: Professional
WORD COUNT: 5215   LINE COUNT: 00444
...   stay, and proxy measures of resource utilization. Outlyers for LOS
and readmission to ICU are **tracked** by the system. The APACHE III system
is useful in forecasting nursing and ...and hospital length of stay, and
disposition at discharge. Mortality was operationally defined as death
after surgery prior to **discharge** from the **hospital** . The Charlson
Comorbidity Index score was assigned to each patient after all data,
including co...
...patient records. The APACHE III data were collected using the APACHE III
Clinical Decision Making **computerized** data system.
     Permission to conduct the study was obtained from the institutional
review board. The...patient outcomes. These systems will allow the facility
to make adjustments in staffing ratios and **track** long-term outcomes such
as functional status.
     Purpose
     * To determine whether severity data combined with...patient
outcomes. These systems will allow the facility to make adjustments in
staffing ratios and **track** long-term outcomes such as functional status.
     References
     Barie, P., Hydo, L., & Fisher, E. (1995...

```
File 610:Business Wire 1999-2004/Feb 18
File 810:Business Wire 1986-1999/Feb 28
File 613:PR Newswire 1999-2004/Feb 18
File 813:PR Newswire 1987-1999/Apr 30
File 649:Gale Group Newswire ASAP(TM) 2004/Feb 04
File  20:Dialog Global Reporter 1997-2004/Feb 18
Set     Items    Description
S1      50315    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                 POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                 ION OR SURGERY OR SURGICAL)
S2     420303    COMPUTERI?ED OR AUTOMATED
S3    3554333    COMPUTER? ?
S4    2831686    ELECTRONIC????
S5    3041207    SURVEY??? OR QUESTION? OR CANVASS?
S6     838335    PATIENT? ? OR OUTPATIENT? ?
S7      20554    (DISCHARG??? OR RELEAS???)(2N)(HOSPITAL? ? OR (MEDICAL OR -
                 SURGICAL)(2W)(FACILITY OR INSTITUTION))
S8      60138    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                 RG? OR RELEAS?)
S9    2370641    MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10   1615388    SURVEILLANCE OR TRACK???
S11       511    S1(S)S7:S8
S12         4    S2:S4(S)S11 [too recent]
S13     35757    S6(5N)S9:S10
S14        10    S13(S)S11
S15         0    S12 AND S14
S16         1    S14/2003:2004
S17         9    S14 NOT S16
S18         5    RD (unique items)
S19         4    S12 NOT (S14 OR S16)
S20         4    RD (unique items)
```

18/3,AB,K/1   (Item 1 from file: 613)
DIALOG(R)File 613:PR Newswire
(c) 2004 PR Newswire Association Inc. All rts. reserv.
00685963 20011205LAW069
Visiting Nurses Use Pocket-Sized EKG to Improve Care
PR Newswire
Wednesday, December 5, 2001 13:18 EST
JOURNAL CODE: PR LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT
DOCUMENT TYPE: NEWSWIRE
WORD COUNT: 443
TEXT:
...Systems is one of the first healthcare organizations using a pocket-sized
EKG to identify **post-operative** cardiac **patients** who need additional
monitoring.
Orange County's non-profit VNA Home Health Systems is a national leader using
personal...
...to improve healthcare and the nursing profession.
    Mission Hospital cardiac surgeon William Thibault, MD has **monitored**
ten recent **post - operative   patients** via VNAHHS clinician Debbie Beesley,
RN and her PDA-based cardiac monitor. Excellent results so...
...identified for a change in medications after slow heartbeats
were revealed by their test results.
    Post - operative cardiac patients are **released** from the **hospital**
as soon as they are ready to convalesce at home, usually within a few days.

1 in 20 or 30 may develop a **post - operative** arrhythmia that could indicate
the need to return to the hospital. The pocket-sized EKG...
...the entire care team that Dr. Thibault and VNAHHS
consider an exciting advance in cardiac **post - operative** care.
   Approved for use by the FDA in May 2001, the pocket-sized EKG, called...

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File    9:Business & Industry(R) Jul/1994-2004/Feb 17
File   15:ABI/Inform(R) 1971-2004/Feb 17
File   16:Gale Group PROMT(R) 1990-2004/Feb 18
File  160:Gale Group PROMT(R) 1972-1989
File  148:Gale Group Trade & Industry DB 1976-2004/Feb 18
File  621:Gale Group New Prod.Annou.(R) 1985-2004/Feb 18
File  649:Gale Group Newswire ASAP(TM) 2004/Feb 05
File  275:Gale Group Computer DB(TM) 1983-2004/Feb 18
Set     Items    Description
S1      15718    (HOME OR PATIENT)()MONITORING
S2      37393    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                 POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                 ION OR SURGERY OR SURGICAL)
S3      36768    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                 RG??? OR RELEAS???)
S4     837044    AUTOMATED OR COMPUTERI?ED
S5    6479165    COMPUTER? ?
S6    4448983    ELECTRONIC????
S7        157    (HOME OR PATIENT)()SURVEILLANCE
S8          0    (S1 OR S7)(S)S2(S)S3
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File  476:Financial Times Fulltext 1982-2004/Feb 19
File  624:McGraw-Hill Publications 1985-2004/Feb 18
File  636:Gale Group Newsletter DB(TM) 1987-2004/Feb 18
File  634:San Jose Mercury  Jun 1985-2004/Feb 18
File  149:TGG Health&Wellness DB(SM) 1976-2004/Feb W2
File  441:ESPICOM Pharm&Med DEVICE NEWS 2004/Feb W2
File  444:New England Journal of Med. 1985-2004/Feb W4
File   98:General Sci Abs/Full-Text 1984-2004/Jan
File  369:New Scientist 1994-2004/Feb W2
File  370:Science 1996-1999/Jul W3
Set     Items    Description
S1       2942    (HOME OR PATIENT)()MONITORING
S2      35609    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                 POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                 ION OR SURGERY OR SURGICAL)
S3      19042  . POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                 RG??? OR RELEAS???)
S4     117904    AUTOMATED OR COMPUTERI?ED
S5    1033267    COMPUTER? ?
S6     735094    ELECTRONIC????
S7         78    (HOME OR PATIENT)()SURVEILLANCE
S8          1    (S1 OR S7)(S)S2(S)S3 [a duplicate]
```

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File  155:MEDLINE(R) 1966-2004/Feb W3
File    5:Biosis Previews(R) 1969-2004/Feb W3
File   73:EMBASE 1974-2004/Feb W3
File   34:SciSearch(R) Cited Ref Sci 1990-2004/Feb W2
File  434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
File  144:Pascal 1973-2004/Feb W2
File    2:INSPEC 1969-2004/Feb W2
File    6:NTIS 1964-2004/Feb W3
File    8:Ei Compendex(R) 1970-2004/Feb W2
File   94:JICST-EPlus 1985-2004/Feb W2
File   95:TEME-Technology & Management 1989-2004/Feb W1
File   99:Wilson Appl. Sci & Tech Abs 1983-2004/Jan
```

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File  65:Inside Conferences 1993-2004/Feb W3
File  35:Dissertation Abs Online 1861-2004/Jan
File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13
File 233:Internet & Personal Comp. Abs. 1981-2003/Sep
File 474:New York Times Abs 1969-2004/Feb 18
File 475:Wall Street Journal Abs 1973-2004/Feb 18
File 256:SoftBase:Reviews,Companies&Prods. 82-2004/Jan
Set     Items    Description
S1      47137    (HOME OR PATIENT)()MONITORING
S2    1259098    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                 POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                 ION OR SURGERY OR SURGICAL)
S3      70980    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                 RG??? OR RELEAS???)
S4     936191    AUTOMATED OR COMPUTERI?ED
S5    4592552    COMPUTER? ?
S6    2251196    ELECTRONIC????
S7        545    (HOME OR PATIENT)()SURVEILLANCE
S8         44    (S1 OR S7) AND S2 AND S3
S9    7163131    S4:S6
S10         6    S8 AND S9
S11         6    RD (unique items)
S12         1    S11/2003:2004
S13         5    S11 NOT S12 [1 duplicate; 4 not relevant]
S14   3262803    QUESTION? OR SURVEY? OR CANVASS?
S15         6    S8 AND S14
S16         6    S15 NOT S10
S17         6    RD (unique items)
S18         6    Sort S17/ALL/PY,A
S19    506027    MONITORING/DE
S20        43    S8 AND S19
S21        31    S20 NOT (S10 OR S15)
S22        31    RD (unique items)
S23         4    S22/2003:2004
S24         7    S22/2002
S25        20    S22 NOT S23:S24
S26        20    Sort S25/ALL/PY,A
```

18/7/1   (Item 1 from file: 73)
DIALOG(R)File   73:EMBASE
(c) 2004 Elsevier Science B.V. All rts. reserv.
05500789   EMBASE No: 1993268888
  Perioperative monitoring with pulse oximetry and late postoperative
cognitive dysfunction
  Moller J.T.; Svennild I.; Johannessen N.W.; Jensen P.F.; Espersen K.;
Gravenstein J.S.; Cooper J.B.; Djernes M.; Johansen S.H.
  Department of Anaesthesia, Rigshospitalet, University of
  Copenhagen,DK-2100 Copenhagen Denmark
  In a randomized, blinded clinical study, we have used objective and
subjective measures to determine if perioperative monitoring with pulse
oximetry - by virtue of its potential to lessen hypoxaemia would decrease

late **postoperative** cognitive dysfunction. We investigated 736 adult patients undergoing elective procedures (other than cardiac, neurosurgical or for cancer) under regional or general anaesthesia, allocated randomly to undergo (group I) or not to undergo (group II) pulse oximetry monitoring in the operating theatre and recovery room. Cognitive function was evaluated using the Wechsler memory scale (WMS) and continuous reaction time (RT) test the day before surgery, and on the 7th day **after operation** or at **discharge** if that occurred before **postoperative** day 7. A **questionnaire** sent 6 weeks **after surgery** elicited patients' subjective perceptions regarding cognitive abilities. There were no significant differences between the two groups in either the total WMS score, the score for each WMS subtests or RT test. The **questionnaire** revealed that 7% in group I and 11% in group II believed cognitive abilities had decreased (ns). For the 40 patients whose WMS scores were 10 points less **after** than before **operation** , a follow-up study was undertaken 3 months **after surgery** . At that time, the median WMS score had returned to the preoperative value. We conclude that, for these 736 patients, subjective and objective measures did not indicate less **postoperative** cognitive impairment after perioperative monitoring with pulse oximetry.

   18/7/3   (Item 3 from file: 73)
DIALOG(R)File   73:EMBASE
(c) 2004 Elsevier Science B.V. All rts. reserv.
11099843   EMBASE No: 2001119781
   Twelve years' clinical experience with the CarboMedics prosthetic heart valve
   Aagaard J.; Tingleff J.; Hansen C.N.; Noergaard M.A.; Rasmussen C.E.
   Dr. J. Aagaard, Dept. of Cardio-Thoracic/Vasc. Surg., Odense University
   Hospital, DK-5000 Odense C Denmark
   Journal of Heart Valve Disease (J. HEART VALVE DIS.) (United Kingdom)
   2001, 10/2 (177-184)
   CODEN: JHVDE   ISSN: 0966-8519
   DOCUMENT TYPE: Journal ; Article
   LANGUAGE: ENGLISH   SUMMARY LANGUAGE: ENGLISH
   NUMBER OF REFERENCES: 24
   Background and aim of the study: The CarboMedics bileaflet prosthetic heart valve was first implanted as part of a prospective clinical study at the authors' institution in November 1987. The patient cohort included was part of a multicenter trial set up by the manufacturer for an FDA application. The present report details findings over a 12-year period, with a continuous follow up on this patient cohort. Methods: Between November 1987 and August 1990, 132 patients (68 males, 64 females; median age 56 years; range 12-74 years) received a CarboMedics heart valve prosthesis. All patients were included in the study, whether surgery was elective or emergency, first time or reoperation. There were 69 aortic, 49 mitral and 12 double (aortic + mitral) valve replacements. Two patients had isolated tricuspid valve replacement. Concomitant surgery was performed in 15 patients. Anticoagulation with warfarin was started on **postoperative** day 1. **After discharge** , patients were examined regularly as outpatients for up to five years. Subsequent follow up was obtained prospectively by **questionnaires** to the patients' general practitioner, or by telephone calls. Actuarial estimates of survival and freedom from morbid events were calculated using the Kaplan-Meier method; 95% confidence limits for the distribution function were calculated according to the Greenwood formula. Results: Complete follow up information was available for 94% of the patients; total follow up was 1,014.3 patient,years (pt-yr). Actuarial

survival at 12 years was 62 +/- 0.5% overall (61 +/- 6.5% for aortic; 66 +/- 7.5% for mitral; 65 +/- 14.0% for double valve replacements). Actuarial rates of freedom from complications were: valve thrombosis 100%, embolism 92 +/- 2.8%, and anticoagulant-related bleeding 77 +/- 5.6%. The linearized rates per 100 pt-yr were: embolism 0.89 (aortic 0.74, mitral 1.30); anticoagulant-related bleeding 2.56; paravalvular leakage overall 0.20 (aortic 0.37); prosthetic valve endocarditis overall 0.20 (aortic 0.37). There was no hemolysis, prosthetic valve dysfunction or structural deterioration. Conclusion: Over a 12-year time frame, the CarboMedics prosthetic heart valve has proven to be a highly reliable device with no structural failures, and a low incidence of valve-related complications.

24/7/4   (Item 4 from file: 73)
DIALOG(R)File   73:EMBASE
(c) 2004 Elsevier Science B.V. All rts. reserv.
117.01720   EMBASE No: 2002274964
  Use of censored data to monitor surgical-site infections
   Thibon P.; Parienti J.J.; Borgey F.; Le Prieur A.; Bernet C.; Branger B.; Le Coutour X.
   Dr. P. Thibon, Service d'Hygiene Hospitaliere, CHU de Caen, Niveau 1, 14033 Caen Cedex France
   Infection Control and Hospital Epidemiology (INFECT. CONTROL HOSP. EPIDEMIOL.) (United States)   2002, 23/7 (368-371)
   CODEN: ICEPE   ISSN: 0899-823X
   DOCUMENT TYPE: Journal ; Article
   LANGUAGE: ENGLISH   SUMMARY LANGUAGE: ENGLISH
   NUMBER OF REFERENCES: 14
   OBJECTIVE: To take into account the proportion of patients lost to follow-up when calculating surgical-site infection (SSI) rates. DESIGN: A multicenter SSI monitoring network in Basse-Normandie, France, using the definitions for SSI of the National Nosocomial Infections Surveillance System of the Centers for Disease Control and Prevention. PATIENTS: Between January 1, 1998, and December 31, 1999, 3,705 patients were operated on in 25 units of 10 institutions. RESULTS: Of the patients, 41.2% (range, 5.1% to 95.5%) were seen 30 days or more **after** their **operation** . The global SSI attack rate was 2.19% (95% confidence interval, 1.72% to 2.66%). With the use of the Kaplan-Meier method, the incidence rate was 3.11% (95% confidence interval, 3.06% to 3.16%). The difference between the attack rate and the Kaplan-Meier incidence rate for each unit varied according to the percentage of patients seen on or after day 30 postoperatively and the number of SSIs diagnosed in patients seen on or after day 30. CONCLUSIONS: Practice guidelines are needed for the international monitoring for **postdischarge** SSIs and the calculation of SSI rates. The proportion of patients seen 30 days **after** their **operation** is a major quality criterion for SSI monitoring and should be routinely given in monitoring reports, oral communications, and publications to compare results obtained by different teams.

26/7/4   (Item 4 from file: 73)
DIALOG(R)File   73:EMBASE
(c) 2004 Elsevier Science B.V. All rts. reserv.
06300153   EMBASE No: 1995334973
   Postdischarge **surveillance for nosocomial wound infection: Does judicious monitoring find cases?**
   Ferraz E.M.; Ferraz A.A.B.; Coelho H.S.T.D.; Viana V.P.; Sobral S.M.L.; Vasconcelos M.D.D.M.M.; Bacelar T.S.

Ave. Rosa e Silva, 2063,Recife-PE 52050-020 Brazil
American Journal of Infection Control (AM. J. INFECT. CONTROL) (United
States) 1995, 23/5 (290-294)
CODEN: AJICD   ISSN: 0196-6553
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH   SUMMARY LANGUAGE: ENGLISH
From 1988 through 1992, we conducted a prospective study of
postdischarge surgical wound infection surveillance in our institution. A
total of 6604 patients were seen **after   discharge** in a centralized
outpatient clinic, supervised by the infection control commission. Wounds
were inspected, stitches were removed, and dressings were changed. This
care was followed by referral of patients to the appropriate specialized
surgical clinic. **Postdischarge** patient return rates for the period
studied ranged from 68.4% to 91.2%. Wound infection detection in the
outpatient clinic ranged from 32.2% (20 patients in 1991) to 50% (44
patients in 1990) for general surgical procedures and 52.9% (18 patients in
1990) to 91.4% (32 patients in 1992) for cesarean sections. Most surgical
wound infections (87.6%, 127 patients) were diagnosed between the first and
fourteenth **postoperative** days. We conclude that centralized
postdischarge surveillance, as practiced in our institution, has enhanced
the retrieval of wound infection data. At present, there is no universally
accepted strategy for monitoring **postdischarge** surgical wound infection;
however, we must take a rigorous approach to detect patients at risk for
infection in our continuous attempt to improve the quality of surgical and
postoperative care.

26/7/12   (Item 12 from file: 73)
DIALOG(R)File   73:EMBASE
(c) 2004 Elsevier Science B.V. All rts. reserv.
06797725   EMBASE No: 1997079937
  Patients with cardiac disease for ambulatory surgery
  Mingus M.L.
  Dr. M.L. Mingus, Department of Anesthesiology, Mount Sinai Medical
  Center, One Gustave L. Levy Place, New York, NY 19929-6574 United States
  Anesthesiology Clinics of North America (ANESTHESIOL. CLIN. NORTH AM.)
(United States) 1997, 15/1 (171-188)
  CODEN: ACNAE   ISSN: 0889-8537
  DOCUMENT TYPE: Journal; Article
  LANGUAGE: ENGLISH   SUMMARY LANGUAGE: ENGLISH
  NUMBER OF REFERENCES: 89
  Patients with CAD and valvular disease can safely undergo ambulatory
surgery. Patient selection is critical to evaluate the patient's medical
condition and optimize any unstable angina and CHF prior to surgery.
Hemodynamic changes, which are common in brief but stressful ambulatory
procedures, should be controlled to decrease the potential for
complications (despite a lack of scientific evidence to support this
concept). Surveillance for perioperative cardiac dysfunction should be
continued into the postoperative period and by telephone communication
after discharge.

26/7/13   (Item 13 from file: 5)
DIALOG(R)File   5:Biosis Previews(R)
(c) 2004 BIOSIS. All rts. reserv.
0012254214 ·BIOSIS NO.: 199900513874
**_An examination of the cost-effectiveness and costs of three methods of
  post -hospital discharge follow-up after cardiac surgery_**

AUTHOR: Whitman Gayle R (Reprint)
AUTHOR ADDRESS: Univ. Pittsburgh, Pittsburgh, PA, USA**USA
JOURNAL: Circulation 98 (17 SUPPL.): pIJ-IK Oct. 27, 1998 1998
MEDIUM: print
CONFERENCE/MEETING: 71st Scientific Sessions of the American Heart
Association Dallas, Texas, USA November 8-11, 1998; 19981108
SPONSOR: The American Heart Association
ISSN: 0009-7322
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

```
File 350:Derwent WPIX 1963-2004/UD,UM &UP=200412
File 347:JAPIO Oct 1976-2003/Oct(Updated 040202)
File 371:French Patents 1961-2002/BOPI 200209
Set     Items    Description
S1      29367    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                 POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                 ION OR SURGERY OR SURGICAL)
S2      65132    COMPUTERI?ED OR AUTOMATED
S3      693702   COMPUTER? ?
S4      2050020  ELECTRONIC????
S5      26833    SURVEY??? OR QUESTION? OR CANVASS?
S6      134782   PATIENT? ? OR OUTPATIENT? ?
S7      98       (DISCHARG??? OR RELEAS???)(2N)(HOSPITAL? ? OR (MEDICAL OR -
                 SURGICAL)(2W)(FACILITY OR INSTITUTION))
S8      19107    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                 RG? OR RELEAS?)
S9      646072   MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10     263972   SURVEILLANCE OR TRACK???
S11     897527   MONITOR??? OR CHECK??? OR SURVEILLANCE OR TRACK???
S12     76495    IC=A61B-005
S13     18849    IC=G08B-021
S14     40247    IC=G06F-019
S15     290      S1 AND S7:S8
S16     22       S9:S10 AND S15
S17     5        S2:S4 AND S16
S18     3121     S9:S10(2N)S6
S19     1        S15 AND S18 [a duplicate]
S20     0        S5(10N)S6 AND S15
S21     0        S5 AND S6 AND S15
S22     16       S15 AND S6
S23     15       S22 NOT (S17 OR S19)
S24     0        S12 AND S23
S25     3        S9:S10 AND S6 AND S15
S26     2        S25 NOT S19 [not relevant]
S27     12       S1 AND S7
S28     2        S27 NOT (S17 OR S19 OR S22 OR S25) [not relevant]
```

17/26,TI/1   (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2004 Thomson Derwent. All rts. reserv.
013042611
WPI Acc No: 2000-214464/200019
   Memory management control system for computer , **compares** check **point
   generation values generated** after **memory** release **and** after
   receiving memory release **demand based on which non-objective back-up
   page is set-up**

23/26,TI/9   (Item 9 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2004 Thomson Derwent. All rts. reserv.
009885644
WPI Acc No: 1994-165559/199420
   Rehabilitation of patients **with breast cancer subjected to mastectomy -
   eliminating lymphorrhea and decreasing allergic reactions**

```
File 348:EUROPEAN PATENTS 1978-2004/Feb W02
File 349:PCT FULLTEXT 1979-2002/UB=20040212,UT=20040205
Set     Items     Description
S1      40165     POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                  POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                  ION OR SURGERY OR SURGICAL)
S2      95719     COMPUTERI?ED OR AUTOMATED
S3      287566    COMPUTER? ?
S4      348199    ELECTRONIC????
S5      114476    SURVEY??? OR QUESTION? OR CANVASS?
S6      173656    PATIENT? ? OR OUTPATIENT? ?
S7         439    (DISCHARG??? OR RELEAS???)(2N)(HOSPITAL? ? OR (MEDICAL OR -
                  SURGICAL)(2W)(FACILITY OR INSTITUTION))
S8       19833    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                  RG? OR RELEAS?)
S9      389330    MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10     162445    SURVEILLANCE OR TRACK???
S11      15915    IC=A61B-005
S12       1231    IC=G08B-021
S13       4496    IC=G06F-019
S14        338    S1(S)S7:S8
S15      13321    S9:S10(5N)S6
S16          5    S14(S)S15
S17          0    S14(S)S5(5N)S6 NOT S16
S18          1    S14(S)S5(5N)S6 [a duplicate]
S19          6    S2:S4(S)S6(S)S14
S20          4    S19 NOT S16
S21          9    S14(S)S9:S10(S)S6 NOT (S16 OR S19) [not relevant]
S22          0    S21 AND S11:S13
S23          3    S14 AND S11:S13
S24          1    S23 NOT (S16 OR S19 OR S21)
```

 16/3,AB,K/4   (Item 4 from file: 349)
DIALOG(R)File 349:PCT FULLTEXT
(c) 2004 WIPO/Univentio. All rts. reserv.
00502038
HEALTH CARE DATA MANIPULATION AND ANALYSIS SYSTEM
MANIPULATION DE DONNEES SE REFERANT AU DOMAINE DE LA SANTE ET SYSTEME
D'ANALYSE
Patent Applicant/Assignee:
  HOMEOPT LLC,
  BENIGNO Benedict B,
  FEUER Gerald A,
  BURRELL Matthew O,
  SADLER William E,
  WITHERS Leland A,
Inventor(s):
  BENIGNO Benedict B,
  FEUER Gerald A,
  BURRELL Matthew O,
  SADLER William E,
  WITHERS Leland A,
Patent and Priority Information (Country, Number, Date):
  Patent: WO 9933390 A2 19990708
  Application: WO 98US27458 19981223   (PCT/WO US9827458)
  Priority Application: US 9768825 19971224; US 9891552 19980702; US

       98139423   19980825
Designated States: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES
   FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU
   LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA
   UG US UZ VN YU ZW GH GM KE LS MW SD SZ UG ZW AM AZ BY KG KZ MD RU TJ TM
   AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE BF BJ CF CG CI CM
   GA GN GW ML MR NE SN TD TG
Publication Language: English
Fulltext Word Count: 18800
English Abstract

   Systems useful for analyzing data related to clinical pathways and
   performing actions based upon the analyses. A self-analyzing system for
   suggesting default clinical pathways for various procedures. A
   self-analyzing system for suggesting deviation from a current clinical
   pathway and entry into an alternative clinical pathway based upon
   historical information about the results of actions. Statistical analysis
   systems based on clinical pathways. A rating system for care providers or
   proposed pathways based on historical information. Systems for gathering
   clinical pathway information. Systems for tracking clinical pathway
   outcomes based on data collected post-treatment. **A system for
   prequalification for appropriate discharge and post-discharge handling of
   and communication with a new class of patient,** those requiring stable
   acute care (318). **A questionnaire** computer language and subsystem are
   used in various stages of the systems of the invention. Corresponding
   methods are also disclosed.
Fulltext Availability: Detailed Description
Detailed Description
... embodiment, the system is used to identify patients who are candidates
   for early (or late) **post - operative   discharge** (and possibly stable
   acute care). The nurse or caregiver then sees the **patient** almost
   immediately at home and **tracks** the **patient** at home one or more times
   per day using the system and the information is...

 16/3,AB,K/5   **(Item 5 from file: 349)**
DIALOG(R)File 349:PCT FULLTEXT
00371938
MATRICES WITH MEMORIES, SENSORS WITH MEMORIES AND USES THEREOF
MATRICES A MEMOIRES, CAPTEURS A MEMOIRES ET UTILISATIONS CORRESPONDANTES
Patent Applicant/Assignee:
  IRORI,
  NOVA Michael P,
  POTASH Hanan,
  XIAO Xioa-Yi,
  SARGENT Bradley J,
  PARANDOOSH Zahra,
  DAVID Gary S,
Inventor(s):
  NOVA Michael P,
  POTASH Hanan,
  XIAO Xioa-Yi,
  SARGENT Bradley J,
  PARANDOOSH Zahra,
  DAVID Gary S,
Patent and Priority Information (Country, Number, Date):
  Patent: WO 9712680 A2 19970410

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     Application:           WO 96US15999 19961003  (PCT/WO US9615999)
     Priority Application: US 95387 19951003; US 95746 19951205; US 96813
       19960402; US 96410 19960610; US 96252 19960624; US 96426 19960905; US
       96435 19960906; US 96423 19960930
Designated States: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES
    FI GB GE HU IL IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK MN MW
    MX NO NZ PL PT RO RU SD SE SG SI SK TJ TM TR TT UA UG US UZ VN KE LS MW
    SD SZ UG AM AZ BY KG KZ MD RU TJ TM AT BE CH DE DK ES FI FR GB GR IE IT
    LU MC NL PT SE BF BJ CF CG CI CM GA GN ML MR NE SN TD TG
Publication Language: English
Fulltext Word Count: 94513
```

English Abstract

   Combinations, called matrices with memories, of matrix materials that
   are encoded with an optically readable code are provided. The matrix
   materials are those that are used in as supports in solid phase chemical
   and biochemical syntheses, immunoassays and hybridization reactions. The
   matrix materials may additionally include fluophors or other luminescent
   moieties to produce luminescing matrices with memories. The memories
   include electronic and optical storage media and also include optical
   memories, such as bar codes and other machine-readable codes. By virtue
   of this combination, molecules and biological particles, such as phage
   and viral particles and cells, that are in proximity or in physical
   contact with the matrix combination can be labeled by programming the
   memory with identifying information and can be identified by retrieving
   the stored information. Combinations of matrix materials, memories, and
   linked molecules and biological materials are also provided. The
   combinations have a multiplicity of applications, including combinatorial
   chemistry, isolation and purification of target macromolecules, capture
   and detection of macromolecules for analytical purposes, selective
   removal of contaminants, enzymatic catalysis, cell sorting, sensors and
   drug delivery, chemical modification and other uses. Methods for tagging
   molecules, biological particles and matrix support materials,
   immunoassays, receptor binding assays, scintillation proximity assays,
   non-radioactive proximity assays, and other methods are also provided.
   Sensors containing a memory in combination with a matrix are also
   provided.
Fulltext Availability: Detailed Description
Detailed Description
... functionalized using n-butylithium and N,N
   N',N'-tetramethylethylendiamine in
   hexane at 60' C, **after** which the polymer tube was bubbled with C02. The
   carboxylic acid loading was about 1...monitors are provided herein. In
   each embodiment, a memory is included as a means to **track patient** history
   and/or to store or record sensed information.
   In particular, the memories and memories...
...detect reactions or event, to detect and store the detected information,
   and to permit remote **monitoring** of **patients** or samples.
   Also provided herein, are embodiments of matrices with memories in
   which the matrix...vial, such as a vial used to collect HPILC fractions,
   or a vial containing a **patient** sample, their identity can be **tracked** .
   The memory will be a programmable electronic memory or a bar code. These
   memories can...

 20/3,AB,K/3   (Item 3 from file: 349)
DIALOG(R)File 349:PCT FULLTEXT

00846359
REMOTE PATIENT CARE
SOINS A DISTANCE POUR PATIENTS
Patent Applicant/Assignee:
  HOSPITALCAREONLINE COM INC, 100 Village Avenue, Dedham, MA 02026-4214, US,
US (Residence), US (Nationality), (For all designated states except: US)
Patent Applicant/Inventor:
  MATORY Yvedt L, 100 Village Avenue, Dedham, MA 02026-4214, US, US
    (Residence), US (Nationality), (Designated only for: US)
Legal Representative:
  GREENBERG Robert A (et al) (agent), Patent Group, Foley, Hoag & Eliot,
    LLP, One Post Office Square, Boston, MA 02109-2170, US,
Patent and Priority Information (Country, Number, Date):
  Patent: WO 200180059 A2-A3 20011025 (WO 0180059)
  Application: WO 2001US12135 20010413 (PCT/WO US0112135)
  Priority Application: US 2000196699 20000413; US 2000218949 20000714
Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU
  CZ DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR
  KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE
  SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW
  (EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR
  (OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG
  (AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW
  (EA) AM AZ BY KG KZ MD RU TJ TM
Publication Language: English
Filing Language: English
Fulltext Word Count: 4040
English Abstract
  The disclosure describes techniques for use in a remote patient care
  system such as a remote patient care system that connects patients and
  health care professionals over a network using video conferencing.
Fulltext Availability: Detailed Description
Detailed Description
... 1 5 of the computer, patients receive a trial computer visit prior to
  their surgery.
  After surgery and **discharge** 146, **patients** receive scheduled
  remote interactive disease management visits 150. For example, the
  patient may receive an e-mailed schedule identifying times to tam on
  their **computers** .
  During the remote disease management visits 150, nurses use the system to
  remotely interact with...

  24/3,K/1   (Item 1 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.
00252271
Apparatus for recognising rejection of transplanted hearts.
Vorrichtung zum Erkennen der Abstossungsreaktion nach Herztransplantation.
Dispositif detecteur de rejet de coeur transplante.
PATENT ASSIGNEE:
  Davies, David Wyn, (801580), Department of Cardiology St.Bartholomews
    Hospital, London E.C.1, (GB), (applicant designated states:
    DE;FR;GB;IT;NL;SE)
  SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, W-8000
    Munchen 2, (DE), (applicant designated states: DE;FR;GB;IT;NL;SE)
INVENTOR:

Davies, David Wyn Department of Cardiology, St. Bartholomews Hospital,
    London, E. C. 1, (GB)
Lekholm, Bengt Anders, Gnejsvagen 4, S-16139 Bromma, (SE)
LEGAL REPRESENTATIVE:
    Fuchs, Franz-Josef, Dr.-Ing. (3891), Postfach 22 13 17, W-8000 Munchen 22
    , (DE)
PATENT (CC, No, Kind, Date):   EP 268708   A1   880601 (Basic)
                               EP 268708   B1   921007
APPLICATION (CC, No, Date):   EP 86309102 861120;
PRIORITY (CC, No, Date): EP 86309102 861120
DESIGNATED STATES: DE; FR; GB; IT; NL; SE
INTERNATIONAL PATENT CLASS: **A61B-005/04**
ABSTRACT WORD COUNT: 118
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	EPBBF1	294
CLAIMS B	(German)	EPBBF1	271
CLAIMS B	(French)	EPBBF1	338
SPEC B	(English)	EPBBF1	2406
Total word count – document A			0
Total word count – document B			3309
Total word count – documents A + B			3309

INTERNATIONAL PATENT CLASS: **A61B-005/04**

...SPECIFICATION heart was newly transplanted, with respect to amplitude
  and, optionally, interval, as well as possibly **polarity** and **sequence**
  of amplitudes, and means for recording and storing the results of a
  comparison **within the** apparatus for supply on demand by telemetry to
  means lying externally of the body for...

...cardiac implants modified to embody this invention either (A) to be worn
  by a patient **discharged** from **hospital** and/or (B) to be worn by a
  patient who is in a **post – operative** phase within a hospital. Apparatus
  embodying this invention is superior to that previously proposed in...

```
File 350:Derwent WPIX 1963-2004/UD,UM &UP=200412
File 347:JAPIO Oct 1976-2003/Oct(Updated 040202)
File 371:French Patents 1961-2002/BOPI 200209
Set      Items    Description
S1         608    (HOME OR PATIENT)()MONITORING
S2       29367    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                  POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                  ION OR SURGERY OR SURGICAL)
S3       18934    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                  RG??? OR RELEAS???)
S4       65132    AUTOMATED OR COMPUTERI?ED
S5      693702    COMPUTER? ?
S6     2050020    ELECTRONIC????
S7           7    (HOME OR PATIENT)()SURVEILLANCE
S8           1    (S1 OR S7) AND S2 AND S3 [a duplicate]
```

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File 348:EUROPEAN PATENTS 1978-2004/Feb W02
File 349:PCT FULLTEXT 1979-2002/UB=20040212,UT=20040205
Set      Items    Description
S1        1185    (HOME OR PATIENT)()MONITORING
S2       40165    POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
                  POSTSURGICAL OR (AFTER OR POST)(2W)(OP OR OPERATIVE OR OPERAT-
                  ION OR SURGERY OR SURGICAL)
S3       19594    POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST)(3W)(DISCHA-
                  RG??? OR RELEAS???)
S4       95719    AUTOMATED OR COMPUTERI?ED
S5      287566    COMPUTER? ?
S6      348199    ELECTRONIC????
S7          32    (HOME OR PATIENT)()SURVEILLANCE
S8           0    (S1 OR S7)(S)S2(S)S3
S9           6    (S1 OR S7) AND S2 AND S3
```

9/3,AB,K/3   (Item 2 from file: 349)
DIALOG(R)File 349:PCT FULLTEXT
(c) 2004 WIPO/Univentio. All rts. reserv.
00996752
***METHODS   OF   PROVIDING MEDICAL INFORMATION AND RELATED SYSTEMS AND COMPUTER
     PROGRAM PRODUCTS***
***PROCEDES   DE   FOURNITURE D'INFORMATIONS MEDICALES ET SYSTEMES ET PRODUITS DE
     PROGRAMMES INFORMATIQUES ASSOCIES***
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English Abstract
   Methods of displaying operation scheduling information can include
   retrieving scheduling information for scheduled operations in a plurality
   of operating rooms (1315) of a hospital area over a predetermined time
   period. The scheduling information for the scheduled operations can
   include a patient identification and a procedure identification. Current
   status information is retrieved for at least one of the scheduled
   operations while in progress wherein the current status information is
   selected from one of a plurality of milestones of a surgical operation
   while in progress. A table of scheduled operations over the predetermined
   time period is provided for display (1317) at a client device wherein for
   a respective scheduled operation, the table includes the respective
   patient identification (1321) and procedure identification wherein the
   table further includes the current status information. Related methods,
   systems, and computer program products are also discussed.
Fulltext Availability:
   Detailed Description
   Claims
Detailed Description
...   available Internet connection speed.
   Using embodiments of the invention, staff can look up anesthesia and
postoperative care records from any Internet client in a secure fashion.
They can also view the...by anesthesia, clerical or nursing staff directly
into the system, or is automatically acquired from **patient monitoring**
devices.
   2. The perioperative period is the interval of time associated with a
single surgical...
...patient home from hospital. This definition could also include outcome
data gathered from the patient **after discharge** with respect to the associated
surgical encounter.
   3. JDBC is the abbreviation for Java Data...operating rooms, the hospital
area can also include a plurality of preoperative preparation areas and
postoperative recovery areas and wherein the operating rooms, preoperative
preparation areas, and **postoperative** recovery areas is equipped with a
respective electronic data entry system. Accordingly, retrieving current
status...
...entry system in one or more of the operating rooms, preoperative
preparation areas, and/or **postoperative** recovery areas. The scheduling
information retrieved at block 3101 and the table for each of...
Claim
...   Claim I wherein the hospital area fiffffier includes a plurality of
   preoperative preparation areas and **postoperative** recovery areas and
   wherein the operating rooms, preoperative preparation areas, and
   postoperative recovery areas are equipped with respective electronic
   data entry systems, and wherein retrieving current status...Claim 31
   wherein the hospital area ffirther includes a plurality of preoperative
   preparation areas and **postoperative** recovery areas and wherein the

operating rooms, preoperative preparation areas, and **postoperative** recovery areas are equipped with respective electronic data entry systems, and wherein the means for...Claim 61 wherein the hospital area further includes a plurality of preoperative preparation areas and **postoperative** recovery areas and wherein the operating rooms, preoperative preparation areas, and **postoperative** recovery areas are equipped with respective electronic data entry systems, and wherein the computer readable

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00523875
REMOTE CARDIAC DISORDER RESPONSE SYSTEM
SYSTEME DE REACTION A DISTANCE A UN TROUBLE CARDIAQUE
Patent Applicant/Assignee:
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  BHARAT Patel,
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English Abstract
  A medical facility (70) **after   discharge** of a cardiovascular patient, can remain in contact with the patient. The patient is provided with a multiple lead EKG terminal spread (42) placed on the body. The collected EKG signals are multiplexed (46), converted into digital data (54), stabilized (56), compressed (62), then transmitted through a modulator (64) to a remote central location (70). At the central location, the transmitted EKG data is demodulated (74), decompressed (76) then analyzed using a neural network (82). It is compared with normal EKG signals, and signals captured in time from the same patient as part of the patient to get immediate treatment may be remotely activated either automatically or by an attending cardiologist. As appropriate, transmitter/receiver repeater stations (104), and synchronous satellites (110) may be used to convey these signals.
Fulltext Availability: Detailed Description
Detailed Description
... patients located in a hospital coronary care unit (CCU) and also to those who are **postoperative** . Monitoring while in the CCU is self-explanatory. It provides instantaneous data to the medical staff for emergency help dependent on the telemetry signals and data from the **patient**. **Monitoring** in a **postoperative** mode during recovery typically involves daily or near daily attendance of the recovering patient to...with graphic capability to display the electrocardiographic date. Thus, it a three way communication between **patient** , **monitoring** station and a physician which

makes present intervention helpful. Audio and video signals are also...
   INVENTION
   The present disclosure sets forth a monitoring system which is particularly
effective for patients **after   discharge** from a medical facility. This
typically is applied to a patient after a myocardial infarction (MI), or
after heart **surger**y of any sort. Alternatively, the monitoring system can
be applied to elderly patients who, on...starts by the EMS personnel The
present apparatus sets forth a device which enables a **post operative** or
recovering MI patient to be treated and restored to a substantial level of
health...